SERFF Tracking #: MVPH-130558905 State Tracking #: Company Tracking #:

State:VermontGMCBFiling Company:MVP Health Plan, Inc.TOI/Sub-TOI:HOrg02G Group Health Organizations - Health Maintenance (HMO)/HOrg02G.002C Any Size Group -

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Product Name: VT 2017 Exchange Filing Rates

Project Name/Number: /

### Filing at a Glance

Company: MVP Health Plan, Inc.

Product Name: VT 2017 Exchange Filing Rates

State: VermontGMCB

TOI: HOrg02G Group Health Organizations - Health Maintenance (HMO)

Sub-TOI: HOrg02G.002C Any Size Group - HMO

Filing Type: GMCB Rate
Date Submitted: 05/11/2016

SERFF Tr Num: MVPH-130558905

SERFF Status: Assigned

State Tr Num: State Status: Co Tr Num:

Implementation 01/01/2017

Date Requested:

Author(s): Kristen Marsh, Matt Lombardo, Eric Bachner

Reviewer(s): Thomas Crompton (primary), David Dillon, Judith Henkin, Jacqueline Lee, Marisa Melamed,

Noel Hudson

Disposition Date:
Disposition Status:
Implementation Date:

State Filing Description:

SERFF Tracking #: MVPH-130558905 State Tracking #: Company Tracking #:

 State:
 VermontGMCB
 Filing Company:
 MVP Health Plan, Inc.

 TOI/Sub-TOI:
 HOrg02G Group Health Organizations - Health Maintenance (HMO)/HOrg02G.002C Any Size Group

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Product Name: VT 2017 Exchange Filing Rates

Project Name/Number: /

#### **General Information**

Project Name: Status of Filing in Domicile:
Project Number: Date Approved in Domicile:
Requested Filing Mode: Review & Approval Domicile Status Comments:

Explanation for Combination/Other: Market Type: Group

Submission Type: New Submission Group Market Size: Small

Group Market Type: Employer, Association, Other Explanation for Other Group Market Type: Individual

Overall Rate Impact: Filing Status Changed: 05/11/2016

State Status Changed:

Deemer Date: Created By: Eric Bachner

Submitted By: Eric Bachner Corresponding Filing Tracking Number:

PPACA: Grandfathered Immed Mkt Reforms

PPACA Notes: null

Exchange Intentions: These are the rates for MVP's 2017 Exchange products.

Filing Description:

The proposed rates included within this exchange filing are available to small groups and individuals with effective dates of coverage beginning between January 1, 2017 and December 31, 2017.

# **Company and Contact**

#### **Filing Contact Information**

Matt Lombardo, mlombardo@mvphealthcare.com

625 State Street 518-388-2483 [Phone]

Schenectady, NY 12305

#### **Filing Company Information**

MVP Health Plan, Inc.CoCode: 95521State of Domicile: New York625 State StreetGroup Code: 1198Company Type: HealthSchenectady, NY 12305Group Name:Maintenance Organization

(518) 388-2469 ext. [Phone] FEIN Number: 14-1640868 State ID Number:

# **Filing Fees**

Fee Required? Yes
Fee Amount: \$150.00

Retaliatory? No

Fee Explanation:

SERFF Tracking #: MVPH-130558905 State Tracking #: Company Tracking #: Company Tracking #:

State: VermontGMCB Filing Company: MVP Health Plan, Inc.

TOI/Sub-TOI: HOrg02G Group Health Organizations - Health Maintenance (HMO)/HOrg02G.002C Any Size Group - HMO

Product Name: VT 2017 Exchange Filing Rates

Project Name/Number: /

### **Rate Information**

Rate data applies to filing.

Filing Method:

Rate Change Type:

Overall Percentage of Last Rate Revision:

Effective Date of Last Rate Revision:

O1/01/2016

Filing Method of Last Filing:

SERFF

## **Company Rate Information**

Company Name:	Company Rate Change:	Overall % Indicated Change:	Overall % Rate Impact:	Written Premium Change for	Number of Policy Holders Affected for this Program:	Premium for	Maximum % Change (where req'd	Minimum % Change ): (where req'd):
				this Program:				
MVP Health Plan	n, Inc. Increase	8.770%	8.770%	\$2,981,952	2,987	\$34,016,356	13.510%	3.510%

SERFF Tracking #: MVPH-130558905 State Tracking #: Company Tracking #:

State:VermontGMCBFiling Company:MVP Health Plan, Inc.TOI/Sub-TOI:HOrg02G Group Health Organizations - Health Maintenance (HMO)/HOrg02G.002C Any Size Group -

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Product Name: VT 2017 Exchange Filing Rates

Project Name/Number: /

#### **Rate Review Detail**

**COMPANY:** 

Company Name: MVP Health Plan, Inc.

HHS Issuer Id: 77566

#### **PRODUCTS:**

Product Name	HIOS Product ID	HIOS Submission ID	Number of Covered Lives
Vermont HMO Contract Grp	77566VT005	77566VT005	3006
Vermont HMO Contract Ind	77566VT004	77566VT004	3608

Trend Factors:

FORMS:

New Policy Forms: Affected Forms:

Other Affected Forms: VT Exchange COC

#### **REQUESTED RATE CHANGE INFORMATION:**

Change Period: Annual
Member Months: 127,171
Benefit Change: Increase

Percent Change Requested: Min: 3.51 Max: 13.51 Avg: 8.77

**PRIOR RATE:** 

Total Earned Premium: 34,016,356.00 Total Incurred Claims: 29,832,344.00

Annual \$: Min: 3,168.96 Max: 7,925.04 Avg: 5,143.08

**REQUESTED RATE:** 

Projected Earned Premium: 36,998,308.00 Projected Incurred Claims: 33,446,470.00

Annual \$: Min: 3,454.68 Max: 8,480.28 Avg: 5,593.94

SERFF Tracking #: MVPH-130558905 State Tracking #: Company Tracking #:

State: VermontGMCB Filing Company: MVP Health Plan, Inc.

TOI/Sub-TOI: HOrg02G Group Health Organizations - Health Maintenance (HMO)/HOrg02G.002C Any Size Group - HMO

**Product Name:** VT 2017 Exchange Filing Rates

Project Name/Number: /

# **Supporting Document Schedules**

Satisfied - Item:	Actuarial Memorandum
Comments:	
Attachment(s):	MVP Vermont Essential Health Benefits.pdf Rate Increase Exhibit 2016-2017 SERFF.pdf Rate Increase Exhibit 2016-2017 SERFF.xlsx Rate Increase Exhibit 2016-2017 with Mapped Membership SERFF.pdf Rate Increase Exhibit 2016-2017 with Mapped Membership SERFF.xlsx 2017 Actuarial Memorandum Vermont Exchange.pdf Actuarial Memo Dataset 2017 SERFF.xlsx Coverage Month Adjustments 2017 Exchange SERFF.pdf Coverage Month Adjustments 2017 Exchange SERFF.xlsx Federal AVC Actuarial Certification for Non-standard Gold & Bronze Plans - 2017.pdf VT 2017 Exchange Rate Filing - v01 SERFF.pdf VT 2017 Exchange Rate Filing - v01 SERFF.xlsx VT Exchange 2017 Non-Standard AV Calc Screenshots.pdf VT Standard Plan Designs - AV Certification 2016-05-09 Updated HDHP Req.pdf
Item Status:	
Status Date:	
Satisfied - Item:	Actuarial Memorandum and Certifications
Comments:	
Attachment(s):	2017FederalActMemoVermontExchange.pdf
Item Status:	
Status Date:	
Satisfied - Item:	Civil Union Rating Requirements
Comments:	MVP complies with the requirements of this regulation.
Attachment(s):	
Item Status:	
Status Date:	
Satisfied - Item:	Consumer Disclosure Form
Comments:	
Attachment(s):	Consumer Disclosure Form about Rate Increases - 2017 VT Exchange.pdf
Item Status:	
Status Date:	
Satisfied - Item:	Filing Compliance Certification

SERFF Tracking #: MVPH-130558905 State Tracking #: Company Tracking #: State: **VermontGMCB** Filing Company: MVP Health Plan, Inc. HOrg02G Group Health Organizations - Health Maintenance (HMO)/HOrg02G.002C Any Size Group - HMO TOI/Sub-TOI: VT 2017 Exchange Filing Rates Product Name: Project Name/Number: **Comments:** Attachment(s): Certification of Compliance - VT.pdf **Item Status: Status Date:** Bypassed - Item: Third Party Filing Authorization **Bypass Reason:** N/A Attachment(s): **Item Status: Status Date:** Satisfied - Item: Unified Rate Review Template Comments: URRT VT Exchange 2017.pdf
UnifiedRateReviewSubmission\_2016051015238 VT Exchange 2017.xml Attachment(s): URRT VT Exchange 2017.xlsm

Item Status: Status Date:

SERFF Tracking #: MVPH-130558905 State Tracking #: Company Tracking #:

State: VermontGMCB Filing Company: MVP Health Plan, Inc.

TOI/Sub-TOI: HOrg02G Group Health Organizations - Health Maintenance (HMO)/HOrg02G.002C Any Size Group - HMO

**Product Name:** VT 2017 Exchange Filing Rates

Project Name/Number: /

Attachment Rate Increase Exhibit 2016-2017 SERFF.xlsx is not a PDF document and cannot be reproduced here.

Attachment Rate Increase Exhibit 2016-2017 with Mapped Membership SERFF.xlsx is not a PDF document and cannot be reproduced here.

Attachment Actuarial Memo Dataset 2017 SERFF.xlsx is not a PDF document and cannot be reproduced here.

Attachment Coverage Month Adjustments 2017 Exchange SERFF.xlsx is not a PDF document and cannot be reproduced here.

Attachment VT 2017 Exchange Rate Filing - v01 SERFF.xlsx is not a PDF document and cannot be reproduced here.

Attachment UnifiedRateReviewSubmission\_2016051015238 VT Exchange 2017.xml is not a PDF document and cannot be reproduced here.

Attachment URRT VT Exchange 2017.xlsm is not a PDF document and cannot be reproduced here.



#### **MEMO**

March 18, 2013

One Pennsylvania Plaza,

38<sup>th</sup> Floor

New York, NY 10119

Tel +1 646 473.3000

Fax +1 646 473.3199

www.milliman.com

To Kathleen Fish, Matt Lombardo (MVP)

From Howard Kahn (Milliman) Subject Vermont EHB Pricing

As requested, we have estimated the cost of the following benefits included by Vermont in its Essential Health Benefits (EHB) package:

- Private duty nursing
- Sterilization Reversal
- Couples therapy
- Wigs
- Pediatric vision

MVP Health Care's (MVP) does not currently offer these benefits in Vermont.

In addition, we have:

- Estimated the annual visit limit equivalent to an annual \$2,000 limit for private duty nursing.
- Estimated the impact of removing contractual limits on days in a skilled nursing facility (SNF) and home health care visits.

#### Results

Our estimates for the incremental 2014 allowed Per Member Per Month (PMPM) cost, assuming a standard population, for each of the additional benefits are:

Benefit	<b>Estimated 2014 Allowed PMPM</b>
Private Duty Nursing	\$0.31
Sterilization Reversal	\$0.00
Couples Therapy	\$0.60
Wigs	\$0.02
Pediatric Vision	\$1.46

#### In addition, we estimate:

- A 4 visit annual limit is equivalent to a \$2,000 annual limit for private duty nursing in 2014.
- Increasing SNF day limits of 30, 45, 60, and 120 to unlimited results in an insignificant increase to the paid PMPM.
- Increasing home health visit limits of 40, 60, and 200 to unlimited results in an insignificant increase to the paid PMPM.



#### Methodology

Private Duty Nursing

Using the 2010 Truven Health Analytics MarketScan Commercial database (MarketScan)<sup>1</sup> for the Northeast region we identified all claims for the following codes provided by MVP with a place of service equal to 12:

- HCPCS
  - o S9123
  - o S9124
  - o T1000
  - o T1002
  - o T1003
  - o T1030
  - o T1031

We trended the resulting per member amount by the secular trend for professional service of 6% per year recommended by Milliman's Health Cost Guidelines (HCGs)<sup>2</sup> for 4 years.

Sterilization Reversal

Using the 2010 MarketScan Commercial database we identified all claims for the following codes provided by MVP:

- HCPCS
  - 0 55400
  - o 58750
  - o 58752
  - o 58760
  - o 58770
- ICD-9 Diagnosis Codes (primary position)
  - o V26.0
  - o V26.22

\_

<sup>&</sup>lt;sup>1</sup> This database contains all paid claims generated by approximately 35 million commercially insured lives. The MarketScan database represents the inpatient and outpatient healthcare service use of individuals nationwide who are covered by the benefit plans of large employers, health plans, government, and public organizations. The MarketScan database links paid claims and encounter data to detailed patient information across sites and types of providers, and over time. The annual medical database includes private sector health data from approximately 100 payers.

<sup>&</sup>lt;sup>2</sup> The HCGs are a cooperative effort of all Milliman health actuaries and represent a combination of their experience, research and judgment. An extensive amount of data is used in developing the HCGs and that data is updated annually. The HCGs provide a flexible but consistent basis for the determination of health claim costs and premium rates for a wide variety of health plans. The HCGs are developed as a result of Milliman's continuing research on health care costs. First developed in 1954, the HCGs have been updated and expanded annually since that time. The HCGs are continually monitored as they are used in measuring the experience or evaluating the rates of health plans, and as they are compared to other data sources.



- ICD-9 Procedure Codes
  - 0 63.82
  - 0 66.79

The total number of services for these codes in nationwide 2010 MarketScan was insignificant with a resulting allowed PMPM of almost \$0.00. Therefore, we estimate that the addition of this benefit will not materially increase claims costs.

#### Couples Therapy

Using the 2010 MarketScan Commercial database we identified all claims for the following codes:

- HCPCS
  - 0 90847
  - 0 99510
- ICD-9 Diagnosis Code (primary position)
  - o V61.10

We refined the list of codes provided by MVP to include only codes which we believe represent couple therapy services.

We trended the resulting per member amount by the secular trend for professional service of 6% per year recommended by Milliman's HCGs for 4 years and applied the psychiatric area factor of 1.04 recommended by Milliman's HCGs for Vermont.

#### Wigs

Vermont is including wigs in its EHB when hair loss is due to disease or chemotherapy. Since wigs are not a commonly offered benefit, we are unable to derive credible utilization rates from the MarketScan database. Instead, we refer to other published literature to estimate the incremental cost for wigs due to chemotherapy, assuming no additional cost for other diseases:

2014 Allowed Wig PMPM Development		Source
Cancer Incidence (Under 65)	0.22%	http://seer.cancer.gov/statfacts/html/all.html
Probability of Losing Hair Under Chemo	65%	http://www.derma- haarcenter.ch/files/Directory/Publikationen/Chemotherapy .pdf
Percent Female	48%	http://seer.cancer.gov/statfacts/html/all.html
2014 Unit Cost for Wigs	\$379.31	2010 Nationwide MarketScan (HCPCS A9282, trended annually at 6%)
2014 PMPY	\$0.26	
2014 PMPM	\$0.02	

Not for Distribution Page 4 March 18, 2013



Pediatric Vision

Vermont is including pediatric vision (to age 21) in its EHB:

- 1 vision exam per year
- \$150 per year for vision hardware

We priced out the additional allowed PMPM cost for these benefits by calibrating our 2013 HCGs to Vermont and assuming 120% of Medicare reimbursement.

Annual visit limit for private duty nursing

To convert an annual dollar limit to an annual visit limit for private duty nursing services, we develop a claims probability distribution from 2010 MarketScan for Northeast states. We used the codes described above to identify private duty nursing procedures.

The probability distribution table shown in Exhibit 1 represents 2010 claims trended by the secular trend for professional service of 6% per year recommended by Milliman's HCGs for 4 years. The table estimates the probability that the allowed cost for a private duty nursing visit will fall within certain ranges.

Based on a simulation of 10,000 trials, we estimated that 4.20 visits on average will exceed \$2,000.

Benefit Relativities for increased contractual limits on skilled nursing facility (SNF) and home care

MVP currently offers plans in Vermont that have:

- SNF day limits of 30, 45, 60 and 120
- Home health care visit limits of 40, 60 and 200

Using the 2013 SNF length of stay tables found in the HCGs, adjusted for Milliman's standard plan design (80/20 coinsurance with a \$500 deductible) and Vermont's utilization and unit cost, we estimate an insignificant increase in total estimated paid PMPM amounts if the limit for day in SNF is removed.

Since the HCGs do not have home health care visit distributions, we developed a probability distribution for members utilizing home health care from 2010 MarketScan for Northeast states. Based on these results, we estimate an insignificant increase in total estimated paid PMPM amounts if the limit for home health care visits is removed.

#### **Data Reliance**

We relied on the following files provided by MVP:

- VermontNewBenefits.pdf
- Codes for VT Exchange Benefits.xlsx

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#### **Additional Notes and Caveats**

Our models are based on the assumptions listed above and the data you have provided to us. If you believe any of our assumptions are incorrect, please let us know and we will amend our models accordingly. Actual experience will vary from expected.

This memo has been produced for the sole benefit of MVP and is not for distribution outside MVP.

Howard Kahn is employed by Milliman, Inc. and is a member of the American Academy of Actuaries and meets the Qualification Standards of the American Academy of Actuaries to render the actuarial opinion in this report.

cc: Rob Parke (Milliman)

# Exhibit 1 MVP Health Care Private Duty Nursing Simulation Converting \$2,000 Annual Dollar Limit to Visit Limit

# **Private Duty Nursing Probability Distribution\***

		2014 Average Allowed Unit		
Lower Bound	<b>Upper Bound</b>	Cost per Visit	Visits	Probability
\$0	\$25	\$16.64	30	0.1%
\$26	\$50	\$39.34	139	0.4%
\$51	\$76	\$68.21	696	2.2%
\$77	\$101	\$91.10	823	2.6%
\$102	\$126	\$115.51	3,362	10.6%
\$127	\$158	\$142.00	2,809	8.9%
\$159	\$189	\$176.64	737	2.3%
\$190	\$221	\$208.01	772	2.4%
\$222	\$252	\$233.14	1,061	3.3%
\$253	\$316	\$282.19	1,855	5.8%
\$317	\$379	\$353.86	1,445	4.6%
\$380	\$442	\$410.23	1,577	5.0%
\$443	\$505	\$477.77	1,766	5.6%
\$506	\$631	\$574.33	3,214	10.1%
\$632	\$757	\$708.05	1,809	5.7%
\$758	\$884	\$826.84	1,201	3.8%
\$885	\$1,010	\$955.95	1,791	5.6%
\$1,011	\$1,136	\$1,060.72	1,698	5.4%
\$1,137	\$1,262	\$1,190.31	1,021	3.2%
\$1,263	\$1,389	\$1,324.64	820	2.6%
\$1,390	\$1,515	\$1,484.55	727	2.3%
\$1,516	\$1,641	\$1,577.93	878	2.8%
\$1,642	\$1,767	\$1,700.09	489	1.5%
\$1,768	\$1,894	\$1,831.38	226	0.7%
\$1,895	\$2,020	\$1,966.49	74	0.2%
\$2,021	\$2,146	\$2,096.32	129	0.4%
\$2,147	\$2,272	\$2,261.47	205	0.6%
\$2,273	\$2,399	\$2,349.88	60	0.2%
\$2,400	\$2,525	\$2,481.25	33	0.1%
\$2,526		\$4,954.81	267	0.8%

Number of Simulation Trials	10,000
Average Number of Visits to Meet \$2,000 Threshold	4.20

<sup>\*</sup>Data represents 2010 MarketScan trended at 6% annually to 2014

			MVP F	lealth Care Derivation	n of 2017 VT Exchange Ra	ate Increases by Con	tract and Benefit Pla	in for ACA Compliar	nt Members as of Ma	rch 2016							
			NON-STANDARD P	LANS					STANDARI	D PLANS					7		
	GC	DLD	SILV		BRONZE	PLATINUM	GOLD		SILVI			BRC	ONZE	Catastrophic	Total Annual	•	
			CSR	Non-CSR				CSR		Non-CSR					Premium	Average PMPM	Average Annual Premium
	HDHP	Non-HDHP						HDHP	Non-HDHP	HDHP	Non-HDHP	HDHP	Non-HDHP				
2017 Proposed Rates																	
Single Rate	\$556.91	\$614.92	\$493.11	\$493.11	\$425.59	\$706.69	\$632.24	\$515.58	\$547.16	\$515.58	\$547.16	\$432.15	\$427.50	\$287.89			
Couple Rate	\$1,113.82	\$1,229.84	\$986.22	\$986.22	\$851.18	\$1,413.38	\$1,264.48	\$1,031.16	\$1,094.32	\$1,031.16	\$1,094.32	\$864.30	\$855.00	\$575.78			
Adult and Child(ren) Rate	\$1,074.84	\$1,186.80	\$951.70	\$951.70	\$821.39	\$1,363.91	\$1,220.22	\$995.07	\$1,056.02	\$995.07	\$1,056.02	\$834.05	\$825.08	\$555.63			
Family Rate	\$1,564.92	\$1,727.93	\$1,385.64	\$1,385.64	\$1,195.91	\$1,985.80	\$1,776.59	\$1,448.78	\$1,537.52	\$1,448.78	\$1,537.52	\$1,214.34	\$1,201.28	\$808.97	\$36,998,308	\$466.16	\$5,593.94
2016 Approved Rates																	
Single Rate	\$510.53	\$574.85	\$476.39	\$476.39	\$391.36	\$660.42	\$588.71	\$468.05	\$493.38	\$468.05	\$493.38	\$380.71	\$392.45	\$264.08			
Couple Rate	\$1,021.06	\$1,149.70	\$952.78	\$952.78	\$782.72	\$1,320.84	\$1,177.42	\$936.10	\$986.76	\$936.10	\$986.76	\$761.42	\$784.90	\$528.16			
Adult and Child(ren) Rate	\$985.32	\$1,109.46	\$919.43	\$919.43	\$755.32	\$1,274.61	\$1,136.21	\$903.34	\$952.22	\$903.34	\$952.22	\$734.77	\$757.43	\$509.67			
Family Rate	\$1,434.59	\$1,615.33	\$1,338.66	\$1,338.66	\$1,099.72	\$1,855.78	\$1,654.28	\$1,315.22	\$1,386.40	\$1,315.22	\$1,386.40	\$1,069.80	\$1,102.78	\$742.06	\$34,016,356	\$428.59	\$5,143.08
2017 Proposed Rate Increases																	
Single Rate	9.1%	7.0%	3.5%	3.5%	8.7%	7.0%	7.4%	10.2%	10.9%	10.2%	10.9%	13.5%	8.9%	9.0%			
Couple Rate	9.1%	7.0%	3.5%	3.5%	8.7%	7.0%	7.4%	10.2%	10.9%	10.2%	10.9%	13.5%	8.9%	9.0%			
Adult and Child(ren) Rate	9.1%	7.0%	3.5%	3.5%	8.7%	7.0%	7.4%	10.2%	10.9%	10.2%	10.9%	13.5%	8.9%	9.0%			
Family Rate	9.1%	7.0%	3.5%	3.5%	8.7%	7.0%	7.4%	10.2%	10.9%	10.2%	10.9%	13.5%	8.9%	9.0%	8.8%	Total Revenue	Change
March 2016 Contracts																	
Single Rate	206	60	90	279	145	288	80	24	46	244	263	459	777	42			
Couple Rate	69	14	21	71	52	100	21	4	14	41	63	90	210	2			
Adult and Child(ren) Rate	15	2	1	10	3	20	7	0	0	7	12	27	20	0			
Family Rate	57	19	2	23	22	74	13	0	3	44	36	74	87	1			
Total	347	95	114	383	222	482	121	28	63	336	374	650	1,094	45	J		
2017 Proposed PMPY Revenue	\$5,938.00	\$6,267.88	\$5,815.23	\$5,574.31	\$4,812.36	\$7,486.91	\$6,979.92	\$6,186.96	\$6,293.36	\$5,521.18	\$5,975.92	\$4,681.02	\$4.854.71	\$3,441.28			
2016 Approved PMPY Revenue	\$5,443.48	\$5,859.44	\$5,618.05	\$5,385.31	\$4,425.30	\$6,996.71	\$6,499.36	\$5,616.60	\$5,674.79	\$5,012.19	\$5,388.55	\$4,123.83	\$4,456.67	\$3,156.67			

			MVP Health Care	Derivation of 2017 V	/T Exchange Rate Increas	es by Contract and E	Benefit Plan for ACA	A Compliant + Mappe	ed Non-ACA Membe	rs as of March 2016	i						
			NON-STANDARD PL	ANS					STANDARI	D PLANS					1		
	G	OLD	SILV	ER	BRONZE	PLATINUM	GOLD		SILV	ER		BRO	ONZE	Catastrophic	Total Annual	A	Average Annual
			CSR	Non-CSR				CSR		Non-CSR					Premium	Average PMPM	Premium
	HDHP	Non-HDHP						HDHP	Non-HDHP	HDHP	Non-HDHP	HDHP	Non-HDHP				
2017 Proposed Rates																	
Single Rate	\$556.91	\$614.92	\$493.11	\$493.11	\$425.59	\$706.69	\$632.24	\$515.58	\$547.16	\$515.58	\$547.16	\$432.15	\$427.50	\$287.89			
Couple Rate	\$1,113.82	\$1,229.84	\$986.22	\$986.22	\$851.18	\$1,413.38	\$1,264.48	\$1,031.16	\$1,094.32	\$1,031.16	\$1,094.32	\$864.30	\$855.00	\$575.78			
Adult and Child(ren) Rate	\$1,074.84	\$1,186.80	\$951.70	\$951.70	\$821.39	\$1,363.91	\$1,220.22	\$995.07	\$1,056.02	\$995.07	\$1,056.02	\$834.05	\$825.08	\$555.63			
Family Rate	\$1,564.92	\$1,727.93	\$1,385.64	\$1,385.64	\$1,195.91	\$1,985.80	\$1,776.59	\$1,448.78	\$1,537.52	\$1,448.78	\$1,537.52	\$1,214.34	\$1,201.28	\$808.97	\$54,428,038	\$466.15	\$5,593.84
2016 Approved Rates																	
Single Rate	\$510.53	\$574.85	\$476.39	\$476.39	\$391.36	\$660.42	\$588.71	\$468.05	\$493.38	\$468.05	\$493.38	\$380.71	\$392.45	\$264.08			
Couple Rate	\$1,021.06	\$1,149.70	\$952.78	\$952.78	\$782.72	\$1,320.84	\$1,177.42	\$936.10	\$986.76	\$936.10	\$986.76	\$761.42	\$784.90	\$528.16			
Adult and Child(ren) Rate	\$985.32	\$1,109.46	\$919.43	\$919.43	\$755.32	\$1,274.61	\$1,136.21	\$903.34	\$952.22	\$903.34	\$952.22	\$734.77	\$757.43	\$509.67			
Family Rate	\$1,434.59	\$1,615.33	\$1,338.66	\$1,338.66	\$1,099.72	\$1,855.78	\$1,654.28	\$1,315.22	\$1,386.40	\$1,315.22	\$1,386.40	\$1,069.80	\$1,102.78	\$742.06	\$49,964,321	\$427.92	\$5,135.08
2017 Proposed Rate Increases																	
Single Rate	9.1%	7.0%	3.5%	3.5%	8.7%	7.0%	7.4%	10.2%	10.9%	10.2%	10.9%	13.5%	8.9%	9.0%			
Couple Rate	9.1%	7.0%	3.5%	3.5%	8.7%	7.0%	7.4%	10.2%	10.9%	10.2%	10.9%	13.5%	8.9%	9.0%			
Adult and Child(ren) Rate	9.1%	7.0%	3.5%	3.5%	8.7%	7.0%	7.4%	10.2%	10.9%	10.2%	10.9%	13.5%	8.9%	9.0%		1	
Family Rate	9.1%	7.0%	3.5%	3.5%	8.7%	7.0%	7.4%	10.2%	10.9%	10.2%	10.9%	13.5%	8.9%	9.0%	8.9%	Total Revenue	Change
March 2016 Contracts																	
Single Rate	846	153	90	279	145	371	80	24	46	304	263	661	777	42			
Couple Rate	199	48	21	71	52	119	21	4	14	54	63	129	210	2			
Adult and Child(ren) Rate	39	5	1	10	3	22	7	0	0	15	12	34	20	0			
Family Rate	267	37	2	23	22	111	13	0	3	84	36	127	87	1			
Total	1,351	243	114	383	222	623	121	28	63	457	374	951	1,094	45	_		
2017 Proposed PMPY Revenue	\$5,710.40	\$6,526.32	\$5,815.23	\$5,574.31	\$4,812.36	\$7,300.85	\$6,979.92	\$6,186.96	\$6,293.36	\$5,342.49	\$5,975.92	\$4,640.89	\$4,854.71	\$3,441.28			
2016 Approved PMPY Revenue	\$5,234.83	\$6,101.04	\$5,618.05	\$5,385.31	\$4,425.30	\$6,822.83	\$6,499.36	\$5,616.60	\$5,674.79	\$4,849.98	\$5,388.55	\$4,088.48	\$4,456.67	\$3,156.67			

		age AV, Current Plan	0.730	A	Average AV, Mapped Plan	0.726		
Medical Coplan Rx Copl		Rx Coplan HDHP/Non-HDHP		Assumed Metal Level	Exchange Mapped Plan	Mapped Plan AV	Members	
VE054L	V500L	Non-HDHP	O.774	Gold	Gold Non-Standard HMO	0.797	21	
VE054L	V500L	Non-HDHP	0.774	Gold	Gold Non-Standard HMO	0.797	30	
VE054L	V500L	Non-HDHP	0.774	Gold	Gold Non-Standard HMO	0.797	18	
VE107L	V500L	Non-HDHP	0.774	Gold	Gold Non-Standard HMO	0.797	17	
VE107L	V500L	Non-HDHP	0.774	Gold	Gold Non-Standard HMO	0.797	2	
VE107L	V500L	Non-HDHP	0.774	Gold	Gold Non-Standard HMO	0.797	36	
VE107L	V500L	Non-HDHP	0.774	Gold	Gold Non-Standard HMO	0.797	24	
VE107L	V602	Non-HDHP	0.768	Gold	Gold Non-Standard HMO	0.797	3	
VE107L	V602	Non-HDHP	0.768	Gold	Gold Non-Standard HMO	0.797	2	
VE107L	V602	Non-HDHP	0.768	Gold	Gold Non-Standard HMO	0.797	4	
VE107L	V602	Non-HDHP	0.768	Gold	Gold Non-Standard HMO	0.797	14	
		HDHP			Gold HDHP Non-Standard		34	
VEHD-02L	In base		0.733	Silver		0.736		
VEHD-02L	In base	HDHP	0.733	Silver	Gold HDHP Non-Standard	0.736	2	
VEHD-02L	In base	HDHP	0.733	Silver	Gold HDHP Non-Standard	0.736	12	
VEHD-02L	In base	HDHP	0.733	Silver	Gold HDHP Non-Standard	0.736	11	
VEHD-03L	In base	HDHP	0.632	Bronze	Bronze HDHP HMO Standard	0.586	40	
VEHD-03L	In base	HDHP	0.632	Bronze	Bronze HDHP HMO Standard	0.586	7	
VEHD-03L	In base	HDHP	0.632	Bronze	Bronze HDHP HMO Standard	0.586	26	
VEHD-03L	In base	HDHP	0.632	Bronze	Bronze HDHP HMO Standard	0.586	37	
VEHD-06L		HDHP	0.699		Silver HDHP HMO Standard	0.692	71	
	In base			Silver				
VEHD-06L	In base	HDHP	0.699	Silver	Silver HDHP HMO Standard	0.692	12	
VEHD-06L	In base	HDHP	0.699	Silver	Silver HDHP HMO Standard	0.692	12	
VEHD-06L	In base	HDHP	0.699	Silver	Silver HDHP HMO Standard	0.692	26	
VEHD-02L	In base	HDHP	0.733	Silver	Gold HDHP Non-Standard	0.736	83	
VEHD-02L	In base	HDHP	0.733	Silver	Gold HDHP Non-Standard	0.736	5	
VEHD-02L	In base	HDHP	0.733	Silver	Gold HDHP Non-Standard	0.736	32	
VEHD-02L	In base	HDHP	0.733	Silver	Gold HDHP Non-Standard	0.736	66	
VP017L	V500L	Non-HDHP	0.804	Gold	Gold Non-Standard HMO	0.797	31	
VP017L	V500L	Non-HDHP	0.804			0.797	2	
				Gold	Gold Non-Standard HMO			
VP017L	V500L	Non-HDHP	0.804	Gold	Gold Non-Standard HMO	0.797	23	
VP017L	V500L	Non-HDHP	0.804	Gold	Gold Non-Standard HMO	0.797	12	
VP019L	V500L	Non-HDHP	0.900	Platinum	Platinum Standard HMO	0.879	79	
VP019L	V500L	Non-HDHP	0.900	Platinum	Platinum Standard HMO	0.879	4	
VP019L	V500L	Non-HDHP	0.900	Platinum	Platinum Standard HMO	0.879	60	
VP019L	V500L	Non-HDHP	0.900	Platinum	Platinum Standard HMO	0.879	18	
VP020L	V500L	Non-HDHP	0.865	Platinum	Platinum Standard HMO	0.879	56	
VP020L	V500L	Non-HDHP	0.865	Platinum	Platinum Standard HMO	0.879	20	
VP020L	V500L	Non-HDHP	0.865	Platinum	Platinum Standard HMO	0.879	20	
VPHD-03L	In base	HDHP	0.632	Bronze	Bronze HDHP HMO Standard	0.586	67	
VPHD-03L	In base	HDHP	0.632	Bronze	Bronze HDHP HMO Standard	0.586	24	
VPHD-03L	In base	HDHP	0.632	Bronze	Bronze HDHP HMO Standard	0.586	81	
VE003S	No Rx Benefit	Non-HDHP	0.941	Platinum	Platinum Standard HMO	0.879	1	
VE003S	V500S	Non-HDHP	0.916	Platinum	Platinum Standard HMO	0.879	15	
VE003S	V500S	Non-HDHP	0.916	Platinum	Platinum Standard HMO	0.879	1	
VE003S	V502S	Non-HDHP	0.898	Platinum	Platinum Standard HMO	0.879	1	
VE0033	No Rx Benefit	Non-HDHP	0.936	Platinum	Platinum Standard HMO	0.879	8	
VE004S	V500S	Non-HDHP	0.911	Platinum	Platinum Standard HMO	0.879	4	
VEHD-01S	In base	HDHP	0.801	Gold	Gold HDHP Non-Standard	0.736	3	
VEHD-01S	In base	HDHP	0.801	Gold	Gold HDHP Non-Standard	0.736	1	
VEHD-01S	In base	HDHP	0.801	Gold	Gold HDHP Non-Standard	0.736	2	
VEHD-01S	In base	HDHP	0.803	Gold	Gold HDHP Non-Standard	0.736	15	
VEHD-01S	In base	HDHP	0.803	Gold	Gold HDHP Non-Standard	0.736	2	
VEHD-01S	In base	HDHP	0.803	Gold	Gold HDHP Non-Standard	0.736	2	
VEHD-01S	In base	HDHP	0.801	Gold	Gold HDHP Non-Standard	0.736	1	
VEHD-013 VEHD-01S	In base	HDHP	0.803	Gold	Gold HDHP Non-Standard	0.736	6	
VEHD-02S	In base	HDHP	0.727	Silver	Gold HDHP Non-Standard	0.736	332	
VEHD-02S	In base	HDHP	0.727	Silver	Gold HDHP Non-Standard	0.736	22	
VEHD-02S	In base	HDHP	0.727	Silver	Gold HDHP Non-Standard	0.736	1	
VEHD-02S	In base	HDHP	0.727	Silver	Gold HDHP Non-Standard	0.736	96	
VEHD-02S	In base	HDHP	0.733	Silver	Gold HDHP Non-Standard	0.736	191	
VEHD-02S	In base	HDHP	0.733	Silver	Gold HDHP Non-Standard	0.736	10	
VEHD-02S	In base	HDHP	0.733	Silver	Gold HDHP Non-Standard	0.736	56	
VEHD-02S	In base	HDHP	0.727	Silver	Gold HDHP Non-Standard	0.736	206	
VEHD-025	In base	HDHP	0.733	Silver	Gold HDHP Non-Standard	0.736	148	
VEHD-02S	In base	HDHP	0.727	Silver	Gold HDHP Non-Standard	0.736	68	
VEHD-02S	In base	HDHP	0.727	Silver	Gold HDHP Non-Standard	0.736	8	
VEHD-02S	In base	HDHP	0.727	Silver	Gold HDHP Non-Standard	0.736	24	
VEHD-02S	In base	HDHP	0.733	Silver	Gold HDHP Non-Standard	0.736	65	
VEHD-02S	In base	HDHP	0.733	Silver	Gold HDHP Non-Standard	0.736	10	
VEHD-02S	In base	HDHP	0.733	Silver	Gold HDHP Non-Standard	0.736	34	
VEHD-02S	In base	HDHP	0.727	Silver	Gold HDHP Non-Standard	0.736	67	
VEHD-025	In base	HDHP	0.733	Silver	Gold HDHP Non-Standard	0.736		
							108	
VEHD-03S	In base	HDHP	0.612	Bronze	Bronze HDHP HMO Standard	0.586	28	
VEHD-03S	In base	HDHP	0.612	Bronze	Bronze HDHP HMO Standard	0.586	6	
VEHD-03S	In base	HDHP	0.632	Bronze	Bronze HDHP HMO Standard	0.586	5	
VEHD-03S	In base	HDHP	0.632	Bronze	Bronze HDHP HMO Standard	0.586	2	
\ /ELLB 006	In base	HDHP	0.612	Bronze	Bronze HDHP HMO Standard	0.586	12	
VEHD-03S								

VEHD-03S	In base	HDHP	0.612	Bronze	Bronze HDHP HMO Standard	0.586	27
VEHD-03S	In base	HDHP	0.612	Bronze	Bronze HDHP HMO Standard	0.586	8
VEHD-03S	In base	HDHP	0.632	Bronze	Bronze HDHP HMO Standard	0.586	30
VEHD-03S	In base	HDHP	0.632	Bronze	Bronze HDHP HMO Standard	0.586	13
VEHD-03S	In base	HDHP	0.632	Bronze	Bronze HDHP HMO Standard	0.586	1
VEHD-03S	In base	HDHP	0.632	Bronze	Bronze HDHP HMO Standard	0.586	12
VEHD-03S	In base	HDHP	0.612	Bronze	Bronze HDHP HMO Standard	0.586	20
VEHD-03S	In base	HDHP	0.632	Bronze	Bronze HDHP HMO Standard	0.586	34
VEHD-07S	In base	HDHP	0.749	Silver	Gold HDHP Non-Standard	0.736	1
VEHD-08S	In base	HDHP	0.710	Silver	Silver HDHP HMO Standard	0.692	1
VEHD-12S	In base	HDHP	0.699	Silver	Silver HDHP HMO Standard	0.692	10
VEHD-12S	In base	HDHP	0.699	Silver	Silver HDHP HMO Standard	0.692	2
VEHD-12S	In base	HDHP	0.699	Silver	Silver HDHP HMO Standard	0.692	2
VEHD-14S	In base	HDHP	0.714	Silver	Silver HDHP HMO Standard	0.692	5
VEHD-14S	In base	HDHP	0.714	Silver	Silver HDHP HMO Standard	0.692	4
VEHD-15S	In base	HDHP	0.678	Silver	Silver HDHP HMO Standard	0.692	2
VEHD-15S	In base	HDHP	0.683	Silver	Silver HDHP HMO Standard	0.692	2
VEHD-15S	In base	HDHP	0.678	Silver	Silver HDHP HMO Standard	0.692	10
VEHD-15S	In base	HDHP	0.683	Silver	Silver HDHP HMO Standard	0.692	2
VEHD-15S	In base	HDHP	0.678	Silver	Silver HDHP HMO Standard	0.692	4
VEHD-15S	In base	HDHP	0.678	Silver	Silver HDHP HMO Standard	0.692	1
VEHD-17S	In base	HDHP	0.690	Silver	Silver HDHP HMO Standard	0.692	1
VEHD-19S	In base	HDHP	0.640	Bronze	Silver HDHP HMO Standard	0.586	6
VEHD-19S	In base	HDHP	0.640	Bronze	Silver HDHP HMO Standard	0.586	5
VEHD-19S	In base	HDHP	0.659	Bronze	Silver HDHP HMO Standard	0.692	5
VEHD-19S	In base	HDHP	0.659	Bronze	Silver HDHP HMO Standard	0.692	2
VEHD-49S	In base	HDHP	0.741	Silver	Gold HDHP Non-Standard	0.736	57
VEHD-49S	In base	HDHP	0.741	Silver	Gold HDHP Non-Standard	0.736	12
VEHD-49S	In base	HDHP	0.741	Silver	Gold HDHP Non-Standard	0.736	20
VEHD-49S	In base	HDHP	0.741	Silver	Gold HDHP Non-Standard	0.736	2
VEHD-49S	In base	HDHP	0.749	Silver	Gold HDHP Non-Standard	0.736	3
VEHD-49S	In base	HDHP	0.749	Silver	Gold HDHP Non-Standard	0.736	2
VPHD-03S	In base	HDHP	0.612	Bronze	Bronze HDHP HMO Standard	0.586	9
VPHD-04S	In base	HDHP	0.767	Gold	Gold HDHP Non-Standard	0.736	2
VPHD-06S	In base	HDHP	0.692	Silver	Silver HDHP HMO Standard	0.692	64
VPHD-06S	In base	HDHP	0.692	Silver	Silver HDHP HMO Standard	0.692	8
VPHD-06S	In base	HDHP	0.692	Silver	Silver HDHP HMO Standard	0.692	8
VPHD-06S	In base	HDHP	0.692	Silver	Silver HDHP HMO Standard	0.692	11



#### **Contact Information**

**Company Information** 

Company Legal Name: MVP Health Plan, Inc.

HIOS Issuer ID: 77566 NAIC Number: 95521

**Primary Contact Information** 

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# ACTUARIAL MEMORANDUM 2017 Vermont Exchange Filing

#### **Purpose and Scope of Filing**

This memorandum details the methods and assumptions underlying the proposed 2017 premium rates for the State of Vermont's Individual and SHOP Exchange. These products will be issued by MVP Health Plan, Inc. (MVP), a non-profit subsidiary of MVP Health Care, Inc. The rate filing has been prepared to satisfy the requirements of 8 V.S.A §5104 as well as the requirements of the Federal ACA including 45 CFR Part 156, §156.80. The premium rates are effective between 1/1/2017 and 12/31/2017. There are no benefit plans being retired, and there are no new plans being offered. MVP made uniform modifications to a number of the benefits being offered, and the updated forms have been submitted in a separate SERFF filing. The proposed rates reflect an average rate adjustment to prior rates of 8.8%, ranging from 3.5% to 13.5%.

#### Market/Benefits

All benefit plans and rates included in this rate filing are available to both individuals and small employer groups. A description of benefits is included in Exhibit 1 of the rate filing. Exhibit 1A of the filing provides an overview of benefit changes for renewing plans from 2016 to 2017. All Essential Health Benefits (EHBs) are covered. Only one EHB substitution was made as required by the Department of VHA, a substitution for the \$2,000 annual Private Duty Nursing benefit limit in the benchmark plan. MVP contracted Milliman to determine an actuarially equivalent visit limit. The supporting memorandum is included with the documents supplementing this filing.

The non-standard plans proposed by MVP and included in this rate filing include a wellness benefit in excess of the EHBs. This wellness benefit is included in all non-standard products and is filed as a mandatory rider, Form: FRVT-301.

To inform consumers of the availability and details of the products included in this filing, MVP will provide community outreach support as well as offer web and print product content and other printed product materials for VT plans. MVP will also have a mass media presence to further educate health care customers in Vermont.

The book of business affected by this rate filing is 2,987 policyholders, 4,354 subscribers and 6,614 members based on March 2016 membership.

#### **Experience Period Claims**

MVP Health Plan, Inc. and MVP Health Insurance Co. historical claim data was the basis of the premium rate development. Non-ACA compliant and ACA compliant individual and small employer group data, association data, and large employer groups with 51-100 employees are included in the experience period data set. All grandfathered and non-grandfathered membership that will be eligible to purchase these policy forms in 2017 was included. There were no products excluded. MVP Health Plan, Inc. and MVP Health Insurance Co. reimburse providers at the same rate so no adjustments were made to the experience period data for fee schedule differences between the two companies.

MVP combined the experience of these separate pools of data to form a more credible experience base. The claim data is assumed to be fully credible. The experience period for the historical claims is incurred dates of service between 1/1/15 and 12/31/15, completed as of 3/31/16. The experience period data complies with the single risk pool requirement of the Federal ACA.

Please see Exhibit 3 for a summary of MVP's experience period claims, market-wide adjustments to experience period claims, and the development of the paid Index rate PMPM. MVP is illustrating the development of the paid

index rate PMPM separately for non-ACA compliant data separated by the Agriservices Association, pre-ACA small group, pre-ACA individual, and pre-ACA large groups with 51-100 employees as well as ACA compliant small group and individual data. Market-wide adjustments and trend projections are being made to each of these experience period data sets which are then combined to determine the single risk pool paid Index rate PMPM. Details of the market-wide adjustments and trend projections being made to MVP's experience period data are discussed below.

Line 13 of Exhibit 3 reflects expenses for services such as capitations and other non-FFS medical expenses which come from MVP's General Ledger and are not processed through MVP's claims system. Please see the table below for detail on the items that comprise the capitation and non-FFS expenses reflected in MVP's experience period claims.

#### **Summary of Experience Period Non-FFS and Capitation Amounts**

	Agriservices & Pre-ACA Large Group 51-100	Pre-ACA Individual Indemnity	Pre-ACA Small Group	Post-ACA Small Group	Post-ACA Individual
Other Medical Expenses not in claim warehouse	\$2.31	\$1.82	\$1.55	\$3.32	\$2.14
Dental	\$0.00	\$0.00	\$0.05	\$1.02	\$0.25
GME	\$0.40	\$0.00	\$0.14	\$0.13	\$0.00
Net Reinsurance Expense	\$0.78	\$0.64	\$0.64	\$0.64	(\$4.79)
Wellstyle Rewards	\$0.90	\$0.00	\$0.64	\$0.01	\$0.00
Medical Home and PCP Incentive	\$4.65	\$10.06	\$5.56	\$4.71	\$5.29
Value Options Cap	(\$0.17)	(\$0.50)	(\$0.21)	(\$0.12)	(\$0.14)
Lab Cap	\$0.00	\$0.00	\$0.00	\$0.15	\$0.10
Chiropractic Cap	\$0.00	\$0.00	\$0.00	\$0.70	\$0.81
Healthways and ASH Cap	\$2.43	\$3.57	\$2.29	\$2.37	\$2.86
Total	\$11.30	\$15.58	\$10.65	\$12.92	\$6.52

<sup>\*</sup>Note: VT Paid Claim Surcharge (0.999% of paid claims) and NY HCRA Surcharge (0.25% of paid claims) are not reflected in figures above. Line 13 of Exhibit 3 = line 12 of Exhibit 3 \* 1.249% + the applicable value shown above.

#### **Adjustments to Experience Period Claims**

Line 3 of Exhibit 3 contains a \$6.65 PMPM claims settlement fee accrual that will be paid to a VT provider for 2015 dates of service. This amount will be processed through MVP's claim system in the future and as a result is factored into the medical trend calculations for this rate filing. The total estimated value of this payment was divided by total commercial member months in 2015 to arrive at the PMPM amount captured in Line 3.

MVP made an adjustment to ACA Compliant Individual claims to reflect the impact of cost-sharing reduction (CSR) payments received from the State of VT and Federal Government for 2015 dates of service. MVP's claim system processes CSR member claims to reflect MVP's expense without CSR payments as well as with CSR payments. The difference between these two amounts equals the CSR payment MVP will receive from the State and Federal Government which is reflected in line 4 of Exhibit 3.

An allowance for incurred but not reported paid claims (IBNR) was added to the experience period fee-for-service (FFS) medical claims. IBNR files were supplied directly from MVP's reserving actuary. MVP uses a combination PMPM and completion factor method to develop IBNR estimates, and Vermont specific data for the experience period was used to develop the factors. The fee-for-service experience period claims were reconciled with the IBNR lag triangles to ensure accuracy.

Experience period Rx rebates are reflected in line 8 of Exhibit 3. These values were determined by calculating the rebates received as a percentage of Rx claim expense for each of the separate pools of data over the experience period.

Category for Rating	Rx Rebates	Rx Claims	Rebate %
Agriservices	(\$124,490)	\$636,847	-19.5%
Pre-ACA Individual Indemnity	(\$5,983)	\$25,591	-23.4%
Pre-ACA Small Group	(\$174,908)	\$1,321,376	-13.2%
Large Group 51-100	(\$177,276)	\$1,208,980	-14.7%
ACA Compliant	(\$442,999)	\$3,246,012	-13.6%
Total	(\$925,655)	\$6,438,806	-14.4%

To account for volatility in high cost claims, claims in excess of \$100,000 are being removed from the claim projection and replaced by a pooling charge. The pooling charge of 17.1% was determined by computing the annual average cost of claims in excess of \$100,000 relative to claims less than \$100,000 for the eligible population between 2013 and 2015. Note that claims were capped at MVP's corporate reinsurance attachment point of \$675,000 as MVP will not be at risk for these claim amounts. Please see below for the high cost claim percentage by year:

Time Period	High Cost Claim %
2013	16.6%
2014	14.9%
2015	19.7%
Average	17.1%

#### Market-Wide Adjustments to Experience Period Claims

Several adjustments to the experience period incurred claim cost were necessary to adjust for benefit changes included in the EHB Benchmark plan as well as other factors not yet reflected in the experience period. The adjustments are explained below.

#### Adjustment for Average Policy Duration Reflected in Experience Period

MVP is making an adjustment to the claim projection for the impact of membership not representing a full 12-month contract over the experience period. Because deductibles are present in most of these products, paid claims are suppressed in the early months of a member's contract and are higher than average in later contract months. Therefore if the experience period membership is not evenly distributed by contract month, an adjustment to the claim costs should be made to reflect the expected claim costs for a 12-month contract period.

To determine the adjustment factor for the experience period claims cost, MVP used deductible suppression factors which were developed by analyzing commercial claims for members with 12 months of medical and Rx benefit coverage. MVP assumed that allowed claims were uniformly distributed by month and determined the expected paid claim cost for a given month relative to the average paid amount for 12 months. Factors were developed for a number of different deductible levels, and MVP split its experience period membership by these deductible levels to compute the appropriate adjustment factors.

An upward adjustment was required to Agriservices' data as well as the ACA Compliant Small Group and Individual data due to MVP's membership in these pools being more heavily weighted towards earlier contract months. Offsetting a portion of these increases is a downward adjustment to non-ACA compliant Individual, Small Group, and Large Group 51-100 claims which were more heavily weighted towards later contract months.

The impact of these adjustments can be found in lines 15 and 16 of Exhibit 3. Please see the attached file, "Coverage Month Adjustments 2017 Exchange SERFF.xlsx" which provides a calculation of these factors for each cohort.

#### Adjustments to Meet EHB Requirements

#### **Benefits Added**

Several new covered benefits need to be accounted for in Non-ACA compliant plans which include: pediatric dental, pediatric vision, disposable medical supplies, wigs, sterilization reversal, couples therapy, private duty nursing and removing limitations for SNF and Home Care.

Pediatric vision, disposable medical supplies, and pediatric dental claims were captured in MVP's ACA compliant 2015 data, and MVP has assumed that non-ACA compliant members will incur claims at the same rate in 2017. For the other benefits being added, MVP was not able to separate these specific costs from our ACA compliant data. MVP contracted with Milliman to quantify these benefit costs. Milliman provided these costs on an allowed basis and MVP converted them to paid amounts by multiplying the allowed amount times the experience period paid to allowed ratio of members enrolled in non-ACA compliant plans. An actuarial memorandum provided by Milliman which outlines the derivation of these costs has been included with this SERFF filing.

For non-ACA compliant plans, pharmacy coverage was not a mandated benefit. There were 264 MM included in MVP's non-ACA compliant small group pool of data that did not have Rx coverage in the experience period. MVP assumed these members would incur costs at the average cost of the non-ACA Compliant Small Group members with pharmacy coverage in in the experience period.

#### Benefits Removed

Non-ACA compliant data includes benefits that are not covered in MVP's ACA compliant plans either as a standard covered benefit or via an optional rider. These benefits include: elective abortion and vision exams/hardware. The cost of these benefits was removed from the Non-ACA compliant data in the experience period.

The net impact of the claim cost adjustments to the projected incurred claim costs are illustrated on Lines 17 and 18 of Exhibit 3. Please see below for detail on these calculations:

Derivation of Medical EHB Adjustments for Non-ACA
Compliant Data

Benefits Added	<u>PMPM</u>
Pediatric Dental	\$0.65
Pediatric Vision	\$0.04
Disposable Supplies	\$0.11
Other*	\$0.73
Benefits Removed	
Elective Abortion	(\$0.01)
Vision Exams and Hardware	(\$0.05)
Total	\$1.47

\*Please see attached Milliman Actuarial Memorandum

#### **Derivation of Rx EHB Adjustment to Non-ACA Compliant Small Group Data**

1	Total Non-ACA Compliant Small Group MM	26,592
2	Non-ACA Compliant Small Group MM without Rx	264
3	Rx Incurred Claims PMPM for Non-ACA Small Group with Rx Coverage	\$49.69

4 Projected Rebate % for Block

5 PMPM Adjustment to Meet Rx EHB Requirement Line 5 = 3 \* 2 / 1 \* (1 + 4) -13.2% \$0.43

#### Adjustment for \$1,300 Rx Out of Pocket Maximum (Bill H559)

Bill H559 was effective beginning with October 2012 renewals. Included in this regulation is an out of pocket maximum for prescription drug expenses. All of the claim adjustments attributable to Bill H559 are not being processed within MVP's claim system during the experience period for this rate filing. Therefore, an adjustment to the experience period claims is needed. To quantify the impact of this mandate, MVP analyzed member level drug claims for members with a January renewal month (107,073 member months) as this approach ensured member cost-share was not captured over two contract periods. The PMPM impact of Bill H559 was computed for each of the cohorts of data shown in Exhibit 3, and these amounts are reflected in line 19.

#### Adjustment for Experience Period vs Projection Period Membership Characteristics

MVP has modified its methodology used to compute the change in the single conversion factor from the 2016 Exchange filing. Previously, the experience period membership mix was being used to determine the change in the single conversion factor. For this rate filing, March 2016 membership for the population eligible to purchase these products in 2017 is being used to determine the single conversion factor for the rating period. Because the experience period data represents a different set of membership than the current snapshot, an additional adjustment is being made to the claim projection to account for changes in the average HHS age factor between the experience period and the current snapshot. The adjustment factor was determined for each cohort shown in Exhibit 3, and the cohort specific adjustment can be found in line 20.

Cohort	March 2016 Members	March 2016 HHS Age Factor	Experience Period Members	Experience Period HHS Age Factor	Change in HHS Age Factor
Non-ACA Compliant Large Group 51-100	461	1.594	19,417	1.509	1.056
ACA Compliant Small Group	3,006	1.578	27,395	1.583	0.997
ACA Compliant Individual	3,608	1.732	37,527	1.705	1.016
Non-ACA Compliant Small Group	1,972	1.572	26,592	1.567	1.003
Non-ACA Compliant Individual Indemnity	0	n/a	1,593	1.991	n/a
Non-ACA Compliant Agriservices	683	1.668	14,648	1.666	1.001
Total	9,730	1.641	127,172	1.619	1.013

#### **Medical Trend Factors**

The development of annual medical paid claim trend factors for 2016 and 2017 is illustrated in Exhibit 2a. Consistent with recently submitted filings, MVP is applying 0% utilization trend to its data. Regression analysis has been performed on MVP's utilization data in the past, and it was concluded that the predictive ability of the historical utilization trends was weak and not reliable. The assumed unit cost trends reflect known and assumed price increases from MVP's provider network.

In addition to the medical cost inflation rate assumed from the historical experience period to the rating period, an adjustment is needed to reflect the impact of cost share leveraging on the carrier's share of the medical cost. Leveraging is a result of the fixed nature of deductibles and copays in health benefit plans. When there are fixed member deductibles and copays, the carrier bears a greater portion of the cost of medical inflation. Therefore, an additional factor adjustment is made to the trend assumption to capture this cost.

The trend applied to the deductible portion of the experience period was derived using the distribution of claims for MVP's VT book of business. Claims below the average deductible amount over the experience period were trended at the applicable allowed trend rate while claims greater than the deductible were held flat.

The average annual allowed trend factor applied to FFS medical claims in this filing is 2.5%. The annual paid leveraging factor is 0.2% which results in an average annual paid FFS medical trend of 2.8% which can be found in line 22 of Exhibit 3.

#### **Rx Trend Factors**

Annual allowed Rx trend factors split by generic, brand, and specialty drugs are illustrated in Exhibit 2a. The trend forecast provided by MVP's PBM was determined using MVP specific data over the experience period by drug class. MVP's PBM provided two trend reports using MVP's data: Small Group and Individual combined as well as Large Group. Small group and Individual data was not separated as these blocks alone would not have been credible enough to produce a reliable forecast. The forecasts provided by MVP's PBM account for drugs coming off patent, changes in average wholesale price, new drugs being released to the market, and price competitiveness amongst generic and brand drug manufacturers.

Supporting documentation illustrating how the Rx trends shown on Exhibit 2a were converted to paid trends for 2016 can be found in Exhibit 2b. The trends applied to each of the blocks of data in Exhibit 2b were determined based on how the PBM allocated drug claims in their forecast; Large Group 51-100 and Agriservices data are being trended using the Large Group forecast while the remaining blocks were trended using the Small Group and Individual trends.

MVP received 2016 Rx rebate information from its PBM and has assumed that 2017 rebates per script will match the 2016 rebates per script. Separate rebate per script information has been provided for brand and specialty drugs. These amounts were applied to MVP's projection period brand and specialty script utilization to obtain a PMPM estimate of the rebates in the projection period and equals \$10.44 PMPM across all blocks in 2017.

The average annual allowed Rx trend in this filing is 11.6%, and the average annual paid Rx trend net of Rx rebates is 12.2% which can be found in line 23 of Exhibit 3.

The Annual FFS Claim Trend Projection factor shown in line 24 of Exhibit 3 represents the blended FFS annual trend projection. To arrive at the blended trend projection shown in line 24, the following calculation is performed: [line 6 \* line 22 + line 9 \* line 23] / [line 6 + line 9].

#### Paid Claim Surcharges, Capitation, and Non-FFS PMPM Projection

The paid claim surcharges, capitation, and non-FFS expenses shown in lines 27 and 28 of Exhibit 3 represents MVP's best estimate of these costs in the projection period. Capitation and non-FFS expenses that were included in the experience period claims which will not be covered in the projection period have been removed. A summary of the expenses driving the capitation and non-FFS expenses in line 28 can be found below. Expenses captured in the "Other Medical Expense not in warehouse" line include: student out of area charges, a surcharge levied by the state of Massachusetts, and manual checks.

#### **Capitation and Non-FRDM Expense Reflected in Rate Filing**

Other Medical Expense not in warehouse	\$1.27
Chiro Cap	\$0.71
Net Reinsurance Expense	\$0.20
Medical Home and PCP Incentive (VT Blueprint)	\$3.15
Total	\$5.33

The NYS HCRA Surcharge of 0.25% included in these rates reflects the historical average amount of this surcharge for MVP's VT members. MVP is assuming that the VT paid claim surcharge will remain unchanged in 2017 and equal 0.999%.

#### **Federal Risk Adjustment Program**

For 2014 dates of service, MVP paid \$44.58 PMPM into the risk adjustment program. MVP compared its 2014 ACA compliant membership to its 2015 ACA compliant membership and determined that 80.6% of the 2015 members were enrolled in MVP's ACA compliant plans in 2014. Additionally, MVP reviewed VHC enrollment figures from December 2014 and December 2015 and determined that the overall market has not changed substantially; there were 67,677 members enrolled in VHC in December 2014 vs 68,045 members in December 2015. Because MVP's membership in ACA compliant plans has not changed materially and the total market membership has not changed substantially between 2014 and 2015, MVP does not anticipate its relative risk position to change from being a payer to a receiver from 2014 to 2015 dates of service. That being said, it is worth noting that risk scores are heavily influenced by months of enrollment, and 2014 data is heavily skewed by the extended open enrollment period where many members did not enroll until May. Because of the factors described above and the uncertainty caused by the extended open enrollment period in 2014, MVP is assuming a risk adjustment payment equal to 2/3 of the 2014 risk adjustment payment PMPM, or \$29.42. Please see line 30 of Exhibit 3.

#### Plan Level Adjustments / Plan Specific Net and Gross Index PMPM rates

Line 31 of Exhibit 3 represents MVP's projected paid index rate after adjustments for the single risk pool in 2017. This is the starting net claim cost that will be used to set 2017 premium rates. Gross Index rates and contract tier rates are calculated in Exhibit 6. The plan specific net claim cost for each plan is computed as follows on Exhibit 6:

Adjusted Claim Cost For Pricing (see Exhibit 6) = Projected Paid Index Rate After Adjustments PMPM (line 31 of Exhibit 3) [Avg Inforce Actuarial Value \* Avg Inforce Induced Utilization Factor]

Plan Specific Net Claim Cost PMPM = Adjusted Claim Cost for Pricing \* Benefit Actuarial Value \* Plan Induced Utilization Factor

The Plan Specific Gross Claim Cost PMPM for each plan is derived by making adjustments to the Plan Specific Net Claim Cost PMPM which account for Benefits in Excess of EHBs, PMPM non-claim expense loads, and percent of

#### **Actuarial Values and Induced Utilization Factors**

(see Exhibit 6)

premium non-claim expense loads.

The AV Metal Level for each plan was determined using the Federal prescribed Actuarial Value Calculator. Adjustments for aggregate deductibles, the VT Rx OOPM, and safe harbor prescription Rx benefits were made to the calculator results for the non-standard gold HDHP and non-standard bronze HMO plans. The actuarial certification of these adjustments has been included as an attachment to this filing in SERFF.

The Benefit Actuarial Value for each plan was determined using MVP's in house benefit pricing tools. The pricing tools value the expected net paid claim cost associated with unique benefit plan designs from a starting single risk pool allowed amount. The AV is the ratio of the expected paid to allowed amount for each plan design. MVP did not reflect induced utilization in the projection of the net paid amounts for each unique benefit plan. The same benefit pricing tool was used to compute the average inforce benefit actuarial value which equals 0.711 and can be found in Exhibit 6.

The induced utilization factors used to set premium rates and compute the average inforce induced utilization factor are sloped to comply with the HHS prescribed induced utilization factors of 1.00 for Bronze, 1.03 for Silver, 1.08 for

Gold, and 1.15 for Platinum. The member weighted average inforce induced utilization factor over the experience period equals 1.045 and can be found in Exhibit 6.

#### **Non Claim Expense Plan Level Adjustments**

Non claim expenses include both percent of premium loads and PMPM loads. The loads do not vary by plan. Each Standard and Non Standard plan is being loaded with the same PMPM and Percent of Premium loads. The loads are outlined below and summarized in Exhibit 5.

#### Federal Taxes PMPM based

A total of \$0.33 PMPM is added for fees MVP must pay to the Federal Government per ACA regulations on a PMPM basis and includes the following taxes: \$0.13 HHS risk adjustment user fee and \$0.20 Patient Centered Outcome Research Fee.

#### State Taxes PMPM based - Assessment to Fund Health Care Advocate

Recent legislation has been proposed which will assess carriers and hospitals to fund the Health Care Advocate. The total assessment equals \$510,000 with 24.2%, or \$123,420, of it being funded by health insurance companies licensed under 8 V.S.A. Chapter 101. The assessment will be allocated amongst carriers under this license based on earned premium. MVP reviewed the earned premium reported on the 2015 Supplemental Health Care Exhibits for carriers under this license and estimates that MVP will be responsible for 56.7% of the assessment, or approximately \$70,000. Based on MVP's March 2016 total commercial enrollment in the State of Vermont, \$0.49 PMPM is being added to the proposed premium rates for this assessment.

#### Federal Taxes Premium based

The ACA Insurer Tax is being suspended for 2017 dates of service. Due to the one year suspension of this fee, there is no charge reflected in the proposed 2017 premium rates for this tax.

#### State Taxes Premium based – VT Vaccine Assessment

This load reflects a Vermont state assessment based on plan premiums used to fund immunizations provided by the state. The load of 0.5% is based on MVP's current charge for this program.

#### General Administrative Expense Load (Including QI component)

The total administrative expense load included as a plan level adjustment is unchanged from the 2016 Exchange filing and equals \$36.60 PMPM. This amount includes \$1.50 PMPM to provide an expanded network to members purchasing exchange products in VT through a partnership with PHCS. The remaining \$35.10 PMPM is used to cover SG&A expenses as well as Quality Improvement/Cost Containment Programs (QI). Based on an analysis of MVP's 2015 expenses, 10% of MVP's total administrative expense was spent on QI. Therefore, \$3.51 PMPM of the \$35.10 PMPM administrative expense is attributable to QI.

The following table summarizes the administrative expenses for small group and individual lines of business from the 2013, 2014, and 2015 Statutory Supplemental Health Care Exhibits (SHCE).

Combined VT AR42 and AR44	Year	SHCE Admin PMPM*
Individual	2013	\$39.37
Small Group	2013	\$47.28
Combined	2013	\$46.57
Individual	2014	\$45.43
Small Group	2014	\$43.01
Combined	2014	\$43.87
Individual	2015	\$36.66
Small Group	2015	\$34.04
Combined	2015	\$35.15

<sup>\*</sup>Reflects lines 1.07, 6.6, 8.3, 10.1, and 10.4 of SHCE, Part 1

#### Contribution to Reserves/Risk Charge

MVP is building a 1% contribution to reserves/risk charge into the VT Exchange premium rates for 2017. This charge is added to premium rates to meet statutory reserve requirements for MVP's VT block of business and protect against adverse experience relative to pricing assumptions.

#### Bad Debt Expense

A plan level adjustment equal to 0.40% of premium was added to account for non-payment of premium risk. This charge is unchanged from the 2016 Exchange filing and is consistent with MVP's historical experience for this block.

#### Rider FRVT-301 (Wellness Benefit in Addition to EHBs)

Members purchasing a non-standard plan will receive MVP's Member Wellness Incentive (Form: FRVT-301). This benefit provides adult members with up to \$50 per year in incentives. MVP projects the net cost of this benefit to equal \$0.07 PMPM and is unchanged from the cost of this rider in 2016.

#### **Catastrophic Plan Adjustment**

An additional plan level adjustment was applied to the catastrophic plan to account for the unique age eligibility requirements as permitted by the Federal ACA Rules. MVP did not reflect the fact that individuals facing financial hardship could also qualify to enroll in this plan. As of March 2016, 43 of the 45 members enrolled in this plan meet the age qualification for enrollment (< 30 years old).

MVP determined the adjustment factor for this plan by calculating the HHS Age factor for the eligible population and comparing it to the HHS Age factor of the experience period membership. The eligible population was assumed to be any member under the age of 30 that was not attached to a subscriber age 30 or older. It was assumed that a member under the age of 30 and attached to a subscriber age 30 or older would enroll as a dependent in a non-catastrophic plan. The eligibility adjustment factor is equal to 0.642 and is reflected in the "Induced Utilization Factor" adjustment of Exhibit 6 for this plan.

Catastrophic Plan Level Adjustment									
	HHS Age Factor								
Ages 0-29, Meeting Subscriber Qualifications	1.039								
Single Risk Pool Total	1.619								
Catastrophic Adjustment	0.642								

#### **Per Contract Premium Rates**

The Plan Specific Gross Claim Cost PMPMs computed in Exhibit 6 are converted to per contract premium rates using the computed single conversion factor and the prescribed standard load ratios.

The single conversion factor (SCF) was calculated using subscriber and member data by contract type for the eligible population enrolled with MVP as of March 2016. The SCF = weighted average contract size/ weighted average load ratio. Please see Exhibit 4 for the derivation of the SCF.

#### **Loss Ratio Information**

The traditional target loss ratio (claims cost / premium) for the rates proposed in this rate filing is 90.3%. After making adjustments for taxes/assessments and expenses associated with quality improvements, the Federal target loss ratio for the rates proposed in this filing is 91.6%.

Target Loss Ratio for 2017 VT Exchange									
A) Claims Expense	\$433.34								
B) Taxes/Assessments	\$3.22								
C) Quality Improvement	\$3.51								
D) Premium	\$479.87								
E) Traditional Loss Ratio	90.3%								
= A) / D)									
F) Federal Loss Ratio = [A) + C)] / [D) - B)]	91.6%								

Please see the table below for a summary of the experience period loss ratios for the separate pools of data. Note that the ACA Compliant Individual claim expense reflects expected recoveries from the 2015 Federal Reinsurance Program which is not reflected in the experience period data shown in Exhibit 3. The data presented below does not reflect the impact of the Federal Risk Adjustment or Risk Corridor programs.

VT Data Pool	Member Months	Total Claims PMPM	Earned Premium PMPM	Taxes / Assessments PMPM	Quality Improvement Expense	Traditional Loss Ratio	Federally Adjusted Loss Ratio
Non-ACA Compliant Agriservices	14,648	\$367.44	\$350.37	\$24.20	\$3.52	104.9%	113.7%
Non-ACA Compliant Individual Indemnity	1,593	\$224.37	\$244.74	\$38.85	\$3.65	91.7%	110.7%
Non-ACA Compliant Small Group	26,592	\$393.44	\$406.30	\$32.48	\$3.47	96.8%	106.2%
Non-ACA Compliant Large Group 51-100	19,417	\$364.62	\$405.39	\$24.99	\$4.62	89.9%	97.1%
ACA Compliant Small Group	27,395	\$378.44	\$425.40	\$9.48	\$3.46	89.0%	91.8%
ACA Compliant Individual	37,526	\$319.82	\$401.78	\$9.45	\$3.72	79.6%	82.5%
Small Group + Individual Single Risk Pool	127,171	\$358.97	\$400.48	\$18.71	\$3.73	89.6%	95.0%

#### Actuarial Dataset, Rate Increase Exhibit, URRT, and Federal Memorandum

Also included with this rate filing are L&E's Actuarial Dataset, a projection of rate increases for ACA compliant subscribers as of March 2016, the Federal URRT, and the Federal Actuarial Memorandum.

#### **Projection Period Enrollment**

MVP's projection period membership equals the March 2016 enrollment of the population eligible to purchase these products, or 9,730 members. On Worksheet 2 of the URRT, members currently enrolled in non-ACA compliant plans are mapped to ACA compliant plans using the actuarial value of the member's current plan using MVP's benefit

relativity model and the product type of the member's current benefit (QHDHP vs non-QHDHP). Members were then mapped to the ACA compliant plan of the same product type with the actuarial value closest to their current plan.

#### **Actuarial Certification**

I, Matthew Lombardo, am a Member of the American Academy of Actuaries. The projected Index Rate and Adjusted Paid Amount used in the development of these proposed premium rates is in compliance with all applicable State and Federal Statutes and Regulations (45 CFR 156.80(d)(1)) and developed in compliance with the applicable Actuarial Standards of Practice. I have examined the assumptions and methods used in determining MVP's requested rates. Based on my review and examination, it is my opinion that the proposed premium rates are reasonable in relation to the benefits provided and that they are not excessive, nor inadequate, nor unfairly discriminatory. They are developed using only the permitted rating classifications. The Adjusted Paid Amount and only the allowable modifiers as described in 45 CFR 156.80(d)(1) and 45 CFR 156.80(d)(2) were used to generate plan level rates. The Standard AV Calculator was used to determine the Metal AV Value to be show in Worksheet 2 of the Part I Unified Rate Review template for all the plans.

I certify that I am knowledgeable as to the Vermont laws and regulations that apply to this filing and that, to the best of my knowledge and belief, this filing is in compliance with such laws and regulations and provides all required benefits.

I am of the opinion that this filing is in compliance with the applicable Federal and State Laws and Regulations concerning the PPACA and the HCERA of 2010.

I certify that each rate filing has been prepared in accordance with the following Actuarial Standards of Practice; ASOP #5, ASOP#8, ASOP #12, ASOP #23, ASOP #25, ASOP#41, ASOP#42, ASOP#45, and ASOP#50.

Matthew Lombardo, FSA, MAAA

Associate Director, Actuarial Services

May to late

MVP Health Care, Inc.

05/11/2016 Date

#### Agriservices

#### **Adjustment Factors by Deductible Level**

#### **Percent of Total Member Months**

Factors							Coverage Month																		
Deductible													Deductible												
Level	1	2	3	4	5	6	7	' 8	9	10	11	12	Level	1	2	3	4	5	6	7	8	9	10	11	12
\$250	0.72	0.95	0.99	1.01	1.03	1.03	1.04	1.04	1.04	1.05	1.05	1.05	\$250	1.7%	1.7%	1.7%	1.7%	1.6%	1.7%	1.7%	1.7%	1.7%	1.7%	1.6%	1.6%
\$500	0.61	0.90	0.97	1.01	1.03	1.05	1.06	1.07	1.07	1.08	1.08	1.09	\$500	1.0%	1.0%	1.0%	1.0%	1.0%	1.0%	1.0%	1.0%	1.0%	1.0%	1.0%	1.0%
\$1,000	0.48	0.82	0.94	1.00	1.03	1.06	1.08	3 1.10	1.11	1.12	1.13	1.13	\$1,000	0.8%	0.7%	0.7%	0.7%	0.7%	0.7%	0.7%	0.7%	0.7%	0.7%	0.6%	0.6%
\$2,500	0.34	0.68	0.85	0.96	1.03	1.08	1.12	2 1.15	1.17	1.19	1.21	1.23	\$2,500	2.5%	2.5%	2.4%	2.5%	2.5%	2.5%	2.3%	2.4%	2.3%	2.3%	2.4%	2.3%
\$5,000	0.24	0.58	0.76	0.89	1.00	1.08	1.14	1.19	1.23	1.27	1.30	1.32	\$5,000	2.7%	2.7%	2.6%	2.6%	2.6%	2.6%	2.6%	2.6%	2.6%	2.6%	2.5%	2.2%

 $\begin{tabular}{ll} Avg Policy Duration Factor & 0.995\\ Inverse of Factor & 1.005\\ Adjusted Experience Period Claim Expense (Exhibit 3, Line 12) & $365.39 \end{tabular}$ 

Market-Wide Claim Adjustment \$1.99

#### Individual Pre-ACA

#### **Adjustment Factors by Deductible Level**

#### **Percent of Total Member Months**

	Factors														Coverage Month											
Deductible													Deductible													
Level	1	2	3	4	5	6	7	7 8	9	10	11	12	Level	1	2	3	4	5	6	7	8	9	10	11	12	
\$3,500	0.29	0.63	0.81	0.93	1.02	1.08	1.13	3 1.17	1.20	1.23	1.25	1.27	\$3,500	0.0%	0.0%	0.7%	1.2%	1.9%	2.5%	3.3%	5.0%	5.0%	5.0%	5.3%	5.3%	
\$5,000	0.24	0.58	0.76	0.89	1.00	1.08	1.14	1.19	1.23	1.27	1.30	1.32	\$5,000	0.0%	0.0%	0.3%	0.6%	0.9%	1.7%	3.5%	5.4%	5.3%	5.7%	5.9%	6.0%	
\$10,000	0.16	0.48	0.69	0.84	0.95	1.05	1.14	1.22	1.28	1.34	1.40	1.45	\$10,000	0.0%	0.0%	0.2%	0.3%	0.5%	0.6%	1.0%	1.4%	1.3%	1.4%	1.5%	1.4%	
\$25,000	0.08	0.32	0.54	0.75	0.92	1.05	1.16	5 1.26	1.37	1.45	1.51	1.59	\$25,000	0.0%	0.0%	0.1%	0.1%	0.5%	0.7%	1.4%	3.5%	3.1%	3.1%	3.0%	3.1%	
\$100,000	0.13	0.13	0.34	0.55	0.78	0.96	1.10	1.27	1.46	1.63	1.80	1.98	\$100,000	0.0%	0.0%	0.1%	0.1%	0.1%	0.1%	0.1%	0.2%	0.2%	0.1%	0.1%	0.1%	

Avg Policy Duration Factor 1.238
Inverse of Factor 0.808

Adjusted Experience Period Claim Expense (Exhibit 3, Line 12) \$240.91

Market-Wide Claim Adjustment (\$46.32)

Small Pre-ACA

#### **Percent of Total Member Months**

	Factors																	Co	verage	Month					
Deductible													Deductible												
Level	1	2	3	4	5	6	7	8	9	10	11 1	2	Level	1	2	3	4	5	6	7	8	9	10	11	12
\$0	1.00	1.00	1.00	1.00	1.00	1.00	1.00	1.00	1.00	1.00	1.00 1.0	0	\$0	0.5%	0.5%	0.5%	0.5%	0.5%	0.5%	0.5%	0.5%	0.4%	0.4%	0.4%	0.3%
\$250	0.72	0.95	0.99	1.01	1.03	1.03	1.04	1.04	1.04	1.05	1.05 1.0	5	\$250	0.1%	0.1%	0.1%	0.1%	0.1%	0.1%	0.1%	0.1%	0.1%	0.1%	0.1%	0.1%
\$500	0.61	0.90	0.97	1.01	1.03	1.05	1.06	1.07	1.07	1.08	1.08 1.0	9	\$500	0.0%	0.1%	0.1%	0.1%	0.1%	0.1%	0.1%	0.1%	0.1%	0.1%	0.1%	0.1%
\$1,000	0.48	0.82	0.94	1.00	1.03	1.06	1.08	1.10	1.11	1.12	1.13 1.1	3	\$1,000	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%
\$1,500	0.41	0.77	0.91	0.98	1.03	1.07	1.10	1.12	1.14	1.15	1.16 1.1	7	\$1,500	0.1%	0.1%	0.1%	0.2%	0.1%	0.1%	0.1%	0.1%	0.1%	0.1%	0.2%	0.1%
\$2,000	0.37	0.72	0.88	0.97	1.03	1.07	1.11	1.13	1.15	1.17	1.19 1.2	0	\$2,000	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%
\$2,500	0.34	0.68	0.85	0.96	1.03	1.08	1.12	1.15	1.17	1.19	1.21 1.2	3	\$2,500	6.1%	6.2%	6.4%	6.4%	6.4%	6.4%	6.4%	6.5%	6.6%	6.6%	6.6%	6.8%
\$2,600	0.33	0.67	0.85	0.96	1.03	1.08	1.12	1.15	1.17	1.20	1.21 1.2	3	\$2,600	0.4%	0.4%	0.4%	0.4%	0.4%	0.3%	0.4%	0.1%	0.1%	0.1%	0.1%	0.1%
\$5,000	0.24	0.58	0.76	0.89	1.00	1.08	1.14	1.19	1.23	1.27	1.30 1.3	2	\$5,000	0.8%	0.8%	0.8%	0.7%	0.7%	0.7%	0.8%	0.7%	0.8%	0.8%	0.8%	0.8%

Avg Policy Duration Factor 1.002

Inverse of Factor 0.998

Adjusted Experience Period Claim Expense (Exhibit 3, Line 12) \$369.71

Market-Wide Claim Adjustment (\$0.86)

Large 51-100

#### **Percent of Total Member Months**

Factors													Coverage Month												
Deductible													Deductible												
Level	1	2	3	4	5	6	7	8	9	10	11	12	Level	1	2	3	4	5	6	7	8	9	10	11	12
\$0	1.00	1.00	1.00	1.00	1.00	1.00	1.00	1.00	1.00	1.00	1.00	1.00	\$0	0.0%	0.0%	0.1%	0.1%	0.1%	0.1%	0.1%	0.0%	0.0%	0.1%	0.1%	0.0%
\$250	0.72	0.95	0.99	1.01	1.03	1.03	1.04	1.04	1.04	1.05	1.05	1.05	\$250	0.7%	0.7%	0.7%	0.7%	0.7%	0.7%	0.7%	0.7%	0.7%	0.7%	0.7%	0.7%
\$500	0.61	0.90	0.97	1.01	1.03	1.05	1.06	1.07	1.07	1.08	1.08	1.09	\$500	1.5%	1.6%	1.6%	1.6%	1.6%	1.6%	1.6%	1.6%	1.6%	1.6%	1.6%	1.6%
\$1,000	0.48	0.82	0.94	1.00	1.03	1.06	1.08	1.10	1.11	1.12	1.13	1.13	\$1,000	0.3%	0.3%	0.3%	0.3%	0.3%	0.3%	0.3%	0.3%	0.3%	0.3%	0.3%	0.3%
\$1,500	0.41	0.77	0.91	0.98	1.03	1.07	1.10	1.12	1.14	1.15	1.16	1.17	\$1,500	0.9%	0.9%	0.9%	0.9%	0.9%	0.9%	0.8%	0.8%	0.8%	0.8%	0.8%	0.9%
\$2,000	0.37	0.72	0.88	0.97	1.03	1.07	1.11	1.13	1.15	1.17	1.19	1.20	\$2,000	0.2%	0.2%	0.2%	0.2%	0.2%	0.2%	0.2%	0.2%	0.2%	0.2%	0.2%	0.2%
\$2,500	0.34	0.68	0.85	0.96	1.03	1.08	1.12	1.15	1.17	1.19	1.21	1.23	\$2,500	2.3%	2.3%	2.2%	2.3%	2.3%	2.3%	2.3%	2.3%	2.3%	2.2%	2.2%	2.3%
\$5,000	0.24	0.58	0.76	0.89	1.00	1.08	1.14	1.19	1.23	1.27	1.30	1.32	\$5,000	2.2%	2.2%	2.2%	2.2%	2.2%	2.2%	2.4%	2.5%	2.5%	2.5%	2.5%	2.2%

Avg Policy Duration Factor 1.003

Inverse of Factor 0.997

Adjusted Experience Period Claim Expense (Exhibit 3, Line 12) \$362.09

Market-Wide Claim Adjustment (\$1.03)

Small ACA

#### **Percent of Total Member Months**

	Factors																	CC	verage	viontn					
Deductible													Deductible												
Level	1	2	3	4	5	6	7	8	9	10	11	12	Level	1	2	3	4	5	6	7	8	9	10	11	12
\$150	0.79	0.97	1.00	1.01	1.02	1.03	1.03	1.03	1.03	1.03	1.03	1.03	\$150	2.9%	2.9%	2.9%	2.9%	2.8%	2.8%	2.8%	2.8%	2.8%	2.8%	2.8%	2.9%
\$400	0.64	0.91	0.98	1.01	1.03	1.04	1.05	1.06	1.06	1.07	1.07	1.07	\$400	0.5%	0.5%	0.6%	0.5%	0.5%	0.5%	0.5%	0.5%	0.5%	0.5%	0.5%	0.5%
\$500	0.61	0.90	0.97	1.01	1.03	1.05	1.06	1.07	1.07	1.08	1.08	1.09	\$500	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%
\$750	0.53	0.86	0.95	1.00	1.03	1.06	1.07	1.08	1.09	1.10	1.11	1.11	\$750	0.4%	0.4%	0.4%	0.4%	0.4%	0.4%	0.4%	0.4%	0.4%	0.4%	0.4%	0.4%
\$1,550	0.41	0.76	0.91	0.98	1.03	1.07	1.10	1.12	1.14	1.15	1.16	1.17	\$1,550	1.2%	1.2%	1.2%	1.2%	1.2%	1.2%	1.2%	1.2%	1.2%	1.2%	1.2%	1.2%
\$1,700	0.39	0.74	0.90	0.98	1.03	1.07	1.10	1.12	1.14	1.16	1.17	1.18	\$1,700	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%
\$1,800	0.39	0.73	0.89	0.98	1.03	1.07	1.10	1.13	1.15	1.16	1.18	1.19	\$1,800	0.6%	0.6%	0.6%	0.6%	0.6%	0.6%	0.6%	0.7%	0.7%	0.7%	0.7%	0.7%
\$1,900	0.38	0.73	0.89	0.97	1.03	1.07	1.10	1.13	1.15	1.17	1.18	1.20	\$1,900	0.9%	0.8%	0.8%	0.8%	0.8%	0.8%	0.8%	0.8%	0.8%	0.8%	0.8%	0.8%
\$2,000	0.37	0.72	0.88	0.97	1.03	1.07	1.11	1.13	1.15	1.17	1.19	1.20	\$2,000	0.7%	0.7%	0.7%	0.7%	0.7%	0.7%	0.7%	0.7%	0.7%	0.7%	0.7%	0.7%
\$3,000	0.31	0.65	0.83	0.95	1.03	1.08	1.12	1.16	1.19	1.21	1.23	1.25	\$3,000	0.2%	0.2%	0.2%	0.2%	0.2%	0.2%	0.2%	0.2%	0.2%	0.2%	0.2%	0.2%
\$3,500	0.29	0.63	0.81	0.93	1.02	1.08	1.13	1.17	1.20	1.23	1.25	1.27	\$3,500	1.0%	1.0%	1.0%	1.0%	1.0%	1.0%	0.9%	0.9%	0.9%	0.9%	0.9%	1.0%

Avg Policy Duration Factor

Inverse of Factor

0.999 1.001

Adjusted Experience Period Claim Expense (Exhibit 3, Line 12) \$379.10

Market-Wide Claim Adjustment \$0.50

**Individual ACA** 

#### **Percent of Total Member Months**

	Factors																	Co	verage	Month					
Deductible													Deductible												
Level	1	2	3	4	5	6	7	8	9	10	11	12	Level	1	2	3	4	5	6	7	8	9	10	11	12
\$0	1.00	1.00	1.00	1.00	1.00	1.00	1.00	1.00	1.00	1.00	1.00	1.00	\$0	0.2%	0.2%	0.1%	0.1%	0.1%	0.1%	0.1%	0.1%	0.1%	0.1%	0.1%	0.1%
\$60	0.88	0.99	1.01	1.01	1.01	1.01	1.01	1.01	1.01	1.01	1.01	1.01	\$60	0.6%	0.6%	0.7%	0.6%	0.6%	0.6%	0.6%	0.6%	0.5%	0.5%	0.5%	0.5%
\$100	0.84	0.98	1.00	1.01	1.02	1.02	1.02	1.02	1.02	1.02	1.02	1.02	\$100	0.2%	0.2%	0.1%	0.1%	0.1%	0.1%	0.1%	0.1%	0.1%	0.1%	0.1%	0.1%
\$150	0.79	0.97	1.00	1.01	1.02	1.03	1.03	1.03	1.03	1.03	1.03	1.03	\$150	0.8%	0.7%	0.7%	0.7%	0.7%	0.7%	0.7%	0.7%	0.6%	0.6%	0.6%	0.6%
\$300	0.69	0.93	0.99	1.01	1.03	1.04	1.04	1.05	1.05	1.05	1.06	1.06	\$300	0.4%	0.4%	0.5%	0.5%	0.4%	0.4%	0.5%	0.4%	0.4%	0.4%	0.4%	0.4%
\$400	0.64	0.91	0.98	1.01	1.03	1.04	1.05	1.06	1.06	1.07	1.07	1.07	\$400	0.2%	0.2%	0.1%	0.1%	0.1%	0.1%	0.1%	0.1%	0.1%	0.1%	0.1%	0.1%
\$450	0.62	0.90	0.98	1.01	1.03	1.05	1.05	1.06	1.07	1.07	1.08	1.08	\$450	0.1%	0.1%	0.1%	0.1%	0.1%	0.1%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%
\$600	0.57	0.88	0.96	1.01	1.03	1.05	1.06	1.07	1.08	1.09	1.09	1.10	\$600	0.3%	0.3%	0.3%	0.3%	0.3%	0.2%	0.2%	0.2%	0.2%	0.2%	0.2%	0.2%
\$700	0.55	0.86	0.96	1.00	1.03	1.05	1.07	1.08	1.09	1.10	1.10	1.11	\$700	0.1%	0.1%	0.1%	0.1%	0.1%	0.1%	0.1%	0.1%	0.1%	0.1%	0.1%	0.1%
\$750	0.53	0.86	0.95	1.00	1.03	1.06	1.07	1.08	1.09	1.10	1.11	1.11	\$750	0.3%	0.2%	0.2%	0.2%	0.2%	0.2%	0.2%	0.2%	0.2%	0.2%	0.2%	0.2%
\$1,000	0.48	0.82	0.94	1.00	1.03	1.06	1.08	1.10	1.11	1.12	1.13	1.13	\$1,000	0.2%	0.2%	0.2%	0.2%	0.2%	0.2%	0.2%	0.1%	0.1%	0.1%	0.1%	0.1%
\$1,250	0.44	0.79	0.92	0.99	1.03	1.07	1.09	1.11	1.12	1.13	1.14	1.15	\$1,250	0.1%	0.1%	0.1%	0.1%	0.1%	0.1%	0.1%	0.1%	0.1%	0.1%	0.1%	0.1%
\$1,400	0.43	0.78	0.91	0.99	1.03	1.07	1.09	1.11	1.13	1.14	1.15	1.16	\$1,400	0.1%	0.1%	0.1%	0.1%	0.1%	0.1%	0.1%	0.1%	0.1%	0.1%	0.1%	0.1%
\$1,500	0.41	0.77	0.91	0.98	1.03	1.07	1.10	1.12	1.14	1.15	1.16	1.17	\$1,500	0.3%	0.3%	0.2%	0.2%	0.2%	0.2%	0.2%	0.2%	0.2%	0.2%	0.2%	0.2%
\$1,550	0.41	0.76	0.91	0.98	1.03	1.07	1.10	1.12	1.14	1.15	1.16	1.17	\$1,550	0.2%	0.2%	0.2%	0.2%	0.2%	0.2%	0.2%	0.2%	0.2%	0.2%	0.2%	0.2%
\$1,800	0.39	0.73	0.89	0.98	1.03	1.07	1.10	1.13	1.15	1.16	1.18	1.19	\$1,800	0.3%	0.3%	0.3%	0.3%	0.3%	0.3%	0.3%	0.3%	0.3%	0.3%	0.3%	0.3%
\$1,900	0.38	0.73	0.89	0.97	1.03	1.07	1.10	1.13	1.15	1.17	1.18	1.20	\$1,900	0.5%	0.4%	0.5%	0.5%	0.4%	0.4%	0.4%	0.4%	0.4%	0.4%	0.4%	0.4%
\$2,000	0.37	0.72	0.88	0.97	1.03	1.07	1.11	1.13	1.15	1.17	1.19	1.20	\$2,000	0.5%	0.5%	0.5%	0.5%	0.5%	0.5%	0.5%	0.5%	0.5%	0.5%	0.5%	0.4%
\$3,000	0.31	0.65	0.83	0.95	1.03	1.08	1.12	1.16	1.19	1.21	1.23	1.25	\$3,000	0.7%	0.7%	0.6%	0.6%	0.6%	0.6%	0.6%	0.6%	0.6%	0.5%	0.5%	0.5%
\$3,500	0.29	0.63	0.81	0.93	1.02	1.08	1.13	1.17	1.20	1.23	1.25	1.27	\$3,500	3.5%	3.5%	3.2%	3.0%	2.9%	2.8%	2.8%	2.7%	2.7%	2.6%	2.6%	2.5%
\$6,400	0.21	0.54	0.73	0.87	0.98	1.07	1.14	1.21	1.26	1.30	1.33	1.37	\$6,400	0.2%	0.2%	0.2%	0.2%	0.2%	0.2%	0.2%	0.2%	0.2%	0.1%	0.1%	0.1%

Avg Policy Duration Factor 0.984

Inverse of Factor 1.016

Adjusted Experience Period Claim Expense (Exhibit 3, Line 12) \$331.36

Market-Wide Claim Adjustment \$5.42



# ACTUARIAL CERTIFICATION FEDERAL ACTUARIAL VALUE ADJUSTMENT VERMONT EXCHANGE Gold HDHP Plus 2500 Bronze HMO Plus 5500

I, Matthew Lombardo, Associate Director of Actuarial Services for MVP Health Care, am a member of the American Academy of Actuaries and meet the qualification standards to render this certification. MVP Health Plan, Inc., a fully owned subsidiary of MVP Health Care, offers a range of products on the Vermont Exchange. Standard and non-standard Plans are offered. Standard plans are prescribed by the State of Vermont and are separately certified where necessary by an actuary representing Wakely Consulting Firm. Non-standard plans are filed at the discretion of MVP. MVP offers two non-standard benefit plans, Gold HDHP Plus 2500 and Bronze HMO Plus 5500, with benefit features that don't fit the parameters of the Federal Actuarial Value Calculator and therefore being certified herein.

Pursuant to 45 CFR 156.135(b) one of two permitted alternative methods must be used to determine any final adjusted Federal AV. I used the AV Calculator to determine the Federal AV for the plan provisions that do fit within the calculator parameters and then calculated an actuarial adjustment factor to apply to the calculator produced AV to account for the plan features that materially deviate from the calculator parameters. The product of the Federal Calculator produced AV times the actuarial adjustment factor is the final Federal AV for the benefit plan.

I certify that the adjustments made are appropriate and in accordance with generally accepted actuarial principles and methodologies.

The following 3 benefit features for the Gold HDHP Plus 2500 were determined to not fit the Federal Calculator:

VT secondary Rx OOP max Aggregate Family Deductible Safe harbor prescription drug benefits excluded from the plan deductible

The following benefit feature for the Bronze HMO Plus 5500 was determined to not fit the Federal Calculator: VT secondary Rx OOP max

To determine the adjustment factors, I used MVP's proprietary benefit pricing tool to value the AV for these plans first excluding the above features that don't fit the calculator and a second time with the above benefit changes. The ratio of the two AVs is the actuarial adjustment factor used to modify the Federal Calculator computed AV.

Plan Description	MVP determined AV	Federal AV before and after adjustment
Gold HDHP Plus 2500 with no secondary Rx OOP max, with embedded single deductibles and with no safe harbor drug benefit	73.50%	78.19%
Gold HDHP Plus 2500 including the secondary Rx OOP max, the aggregate family deductible and the safe harbor drug benefit	73.50%	78.19%
Bronze HMO Plus 5500 with no secondary Rx OOP max	56.60%	59.71%
Bronze HMO Plus 5500 with secondary Rx OOP max	57.30%	60.43%

Actuarial Adjustment factor for Gold Plan: 1.000 = 73.50%/73.50% Final Federal AV for Gold HDHP Plus 2500 = 78.19% x 1.000 = 78.19%

Actuarial Adjustment factor for Bronze Plan: 1.012 = 57.30%/56.60%Final Federal AV for Bronze HMO Plus  $5500 = 59.718\% \times 1.012 = 60.43\%$ 

Matthew Lombardo, FSA, MAAA

Associate Director, Actuarial Services

**MVP Health Care** 

02/29/2016

Date



# MVP Health Care -- 2017 Exchange Rate Filing

- Exhibit 1 -- Summary of Medical Coplans Offered
- Exhibit 1a -- Comparison of 2016 to 2017 Benefits
- Exhibit 2a -- Pricing Trend Assumptions
- Exhibit 2b -- Support for Rx Trend Assumptions used in Development of Index Rate
- Exhibit 3 -- Index Rate Development
- Exhibit 4 -- Conversion Factor and Tier Ratios
- Exhibit 5 -- Retention Loads and Paid Claim Surcharges
- Exhibit 6 -- 2017 Premium Rates

### Exhibit 1 -- Summary of Medical Coplans Offered

											In-Netv	ork Benefits									
										Med						Med OOP	Med OOP	Rx OOP	Rx OOP		
			Standard/Non-			IP				Ded	Med Ded	Deductible		Med OOP	Rx OOP	Max	Max	Max	Max	OOP Max	
Form ID	Product Type	Metal Level	Standard	PCP	SCP	(Med/Surg)	ER	OP Surg	Amb	Single	Family	Type	Coins.	Type	Type	Single	Family	Single	Family	Type	Pharmacy
FRVT-HMO-P-001-S (2017)	HyHMO	Platinum			\$30 No DD	10%	\$100 No DD	10%	\$50 No DD	\$250	\$500	Embedded	10%	Embedded	Embedded	\$1,300	\$2,600	\$1,300	\$2,600	Separate	\$5 / \$50 / 50%
FRVT-HMO-G-001-S (2017)	HyHMO	Gold	Standard	\$15 No DD	\$30 No DD	20%	\$150 No DD	20%	\$50 No DD	\$850	\$1,700	Embedded	20%	Embedded	Embedded	\$4,500	\$9,000	\$1,300	\$2,600	Separate	\$5 / \$50 / 50%, \$50 / \$100 Brand Ded
								\$400 (Fac)													
FRVT-HMO-G-002-N (2017)	HyHMO	Gold	Non-Standard	\$15 No DD	\$30 No DD	20%	\$250	\$200 (Phys)	\$50	\$950	\$1,900	Embedded	20%	Embedded	Embedded	\$5,850	\$11,700	\$1,300	\$2,600	Separate	\$5 / \$40 / 50%, \$250 / \$500 Brand Ded, VBID = \$1 #
FRVT-HMOH-G-003-N (2017)	HDHMO	Gold	Non-Standard	0%	0%	0%	0%	0%	0%	\$2,500	\$5,000	Aggregate	0%	Aggregate	Aggregate	\$2,500	\$5,000	\$1,300	\$2,600	Integrated	0% / 0% / 0%, Subject to Med Deductible
FRVT-HMO-S-001-S (2017)	HyHMO	Silver	Standard	\$25 No DD	\$65 No DD	40%	\$250	40%	\$100 No DD	\$2,150	\$4,300	Embedded	40%	Embedded	Embedded	\$6,000	\$12,000	\$1,300	\$2,600	Integrated	\$15 / \$60 / 50%, \$150 / \$300 Brand Ded
FRVT-HMOH-S-001-S (2017)	HDHMO	Silver	Standard	10%	25%	25%	25%	25%	25%	\$1,600	\$3,200	Aggregate	25%	Embedded	Aggregate	\$6,400	\$12,800	\$1,300	\$2,600	Integrated	\$10 / \$40 / 50% Subject to Med Deductible
								\$1,400 (Fac)													
FRVT-HMO-S-001-N (2017)	HyHMO	Silver	Non-Standard	\$25 No DD	\$60	50%	\$250	\$600 (Phys)	\$100	\$1,800	\$3,600	Embedded	50%	Embedded	Embedded	\$5,850	\$11,700	\$1,300	\$2,600	Separate	\$15 / 50% / 50%, \$500 / \$1000 Ded, VBID = \$3 #
FRVT-HMO-B-001-S (2017)	HMO	Bronze	Standard	\$35	\$90	50%	50%	50%	\$100	\$4,600	\$9,200	Embedded	50%	Embedded	Embedded	\$7,150	\$14,300	\$1,300	\$2,600	Integrated	\$20 / \$85 / 60%, \$700 / \$1,400 Ded
FRVT-HMOH-B-001-S (2017)	HDHMO	Bronze	Standard	50%	50%	50%	50%	50%	50%	\$5,300	\$10,600	Aggregate	50%	Embedded	Aggregate	\$6,550	\$13,100	\$1,300	\$2,600	Integrated	\$12 / 40% / 60% Subject to Med Deductible
FRVT-HMO-B-001-N (2017)	HMO	Bronze	Non-Standard	\$40	\$100	50%	50%	50%	\$100			Embedded	50%		Embedded		\$14,300	\$1,300	\$2,600	Integrated	\$20 / \$90 / 60%, \$300 / \$600 Ded, VBID = \$3 "
FRVT-HMO-C-001-N (2017)	HMO	Catastrophic	Standard	\$0**	\$0	0%	\$0	0%	\$0	\$7,150	\$14,300	Embedded	0%	Embedded	Embedded	\$7,150	\$14,300	\$1,300	\$2,600	Integrated	\$0 / \$0 / \$0 Subject to Med Deductible

Subsidi	zed Cost-Sharing Benefi	its (Non Al/AN)									In-Net	work Benefits									
		,	Standard/Non-			IP				Med Ded	Med Ded	Deductible		Med OOP	Rx OOP	Med OOP Max	Med OOP Max	Rx OOP Max	Rx OOP Max	OOP Max	
Coplan	Product Type	Metal Level	Standard	PCP	SCP	(Med/Surg)	ER	OP Surg	Amb	Single	Family	Type	Coins.	Type	Type	Single	Family	Single	Family	Type	Pharmacy
FRVT-HMO-S1-001-S (2017)	HyHMO	Silver	Standard	\$25 No DD	\$65 No DD	40%	\$250	40%	\$100 No DD	\$2,150	\$4,300	Embedded	40%	Embedded	Embedded	\$4,900	\$9,800	\$1,200	\$2,400	Integrated	\$12 / \$60 / 50%, \$150 / \$300 Brand Ded
FRVT-HMO-S1-002-S (2017)	HyHMO	Silver	Standard	\$10 No DD	\$30 No DD	40%	\$250	40%	\$100 No DD	\$600	\$1,200	Embedded	40%	Embedded	Embedded	\$1,300	\$2,600	\$400	\$800	Integrated	\$10 / \$50 / 50%, \$100 / \$200 Brand Ded
FRVT-HMO-S1-003-S (2017)	HyHMO	Silver	Standard	\$5 No DD	\$15 No DD	10%	\$75	10%	\$50 No DD	\$100	\$200	Embedded	10%	Embedded	Embedded	\$700	\$1,400	\$200	\$400	Integrated	\$5 / \$20 / 30%
FRVT-HMO-S1-004-S (2017)	HyHMO	Silver	Standard	\$20 No DD	\$40 No DD	40%	\$250	40%	\$100 No DD	\$1,600	\$3,200	Embedded	40%	Embedded	Embedded	\$3,700	\$7,400	\$1,000	\$2,000	Integrated	\$12 / \$60 / 50%, \$150 / \$300 Brand Ded
FRVT-HMOH-S1-001-S (2017)	HDHMO	Silver	Standard	10%	25%	25%	25%	25%	25%	\$1,600	\$3,200	Aggregate	25%	Embedded	Aggregate	\$4,700	\$9,400	\$1,300	\$2,600	Integrated	\$10 / \$40 / 50% Subject to Med Deductible
FRVT-HMOH-S1-002-S (2017)	HDHMO	Silver	Standard	0%	0%	0%	0%	0%	0%	\$1,300	\$2,600	Aggregate	0%	Embedded	Aggregate	\$1,300	\$2,600	\$1,300	\$2,600	Integrated	\$0 / \$0 / 0% Subject to Med Deductible
FRVT-HMOH-S1-003-S (2017)	HDHMO	Silver	Standard	0%	0%	0%	0%	0%	0%	\$550	\$1,100	Aggregate	0%	Embedded	Aggregate	\$550	\$1,100	\$550	\$1,100	Integrated	\$0 / \$0 / 0% Subject to Med Deductible
FRVT-HMOH-S1-004-S (2017)	HDHMO	Silver	Standard	10%	25%	25%	25%	25%	25%	\$1,400	\$2,800	Aggregate	25%	Embedded	Aggregate	\$3,400	\$6,800	\$1,300	\$2,600	Integrated	\$10 / \$40 / 50% Subject to Med Deductible
								\$1400 (Fac)													
FRVT-HMO-S1-001-N (2017)	HyHMO	Silver	Non-Standard	\$20 No DD	\$60	50%	\$250	\$600 (Phys)	\$100	\$900	\$1,800	Embedded	50%	Embedded	Embedded	\$4,500	\$9,000	\$1,200	\$2,400	Separate	\$15 / 50% / 50%, \$300 / \$600 Ded, VBID = \$3 *
								\$400 (Fac)													
FRVT-HMO-S1-002-N (2017)	HyHMO	Silver	Non-Standard	\$5 No DD	\$30	10%	\$100	\$200 (Phys)	\$100	\$60	\$120	Embedded	10%	Embedded	Embedded	\$1,900	\$3,800	\$450	\$900	Separate	\$10 / 20% / 40%, \$50 / \$100 Ded, VBID = \$3 #
								\$100 (Fac)													
FRVT-HMO-S1-003-N (2017)	HyHMO	Silver	Non-Standard	\$5 No DD	\$10 No DD	5%	\$50 No DD	\$75 (Phys)	\$50 No DD	\$0	\$0	Embedded	5%	Embedded	Embedded	\$1,900	\$3,800	\$450	\$900	Separate	\$5 / 10% / 10%, VBID = \$1 #
								\$800 (Fac)													
FRVT-HMO-S1-004-N (2017)	HyHMO	Silver	Non-Standard	\$10 No DD	\$40	30%	\$100	\$400 (Phys)	\$100	\$300	\$600	Embedded	30%	Embedded	Embedded	\$4,500	\$9,000	\$1,200	\$2,400	Separate	\$12 / 40% / 40%, \$100 / \$200 Ded, VBID = \$3 #

American Indian an	d Alaskan Native (Al/AN)	Benefits (Unsubsidi	zed)^	l							In-Net	work Benefits									
		, , , , , , , , , , , , , , , , , , , ,								Med						Med OOP	Med OOP	Rx OOP	Rx OOP		
			Standard/Non-			IP				Ded	Med Ded	Deductible		Med OOP	Rx OOP	Max	Max	Max	Max	OOP Max	
Coplan	Product Type	Metal Level	Standard	PCP	SCP	(Med/Surg)	ER	OP Surg	Amb	Single	Family	Type	Coins.	Type	Type	Single	Family	Single	Family	Type	Pharmacy
FRVT-HMO-PA2-001-S (2017)	HyHMO	Platinum	Standard	\$10 No DD	\$30 No DD	10%	\$100 No DD	10%	\$50 No DD	\$250	\$500	Embedded	10%	Embedded	Embedded	\$1,300	\$2,600	\$1,300	\$2,600	Separate	\$5 / \$50 / 50%
FRVT-HMO-GA2-001-S (2017)	HyHMO	Gold	Standard	\$15 No DD	\$30 No DD	20%	\$150 No DD	20%	\$50 No DD	\$850	\$1,700	Embedded	20%	Embedded	Embedded	\$4,500	\$9,000	\$1,300	\$2,600	Separate	\$5 / \$50 / 50%, \$100 / \$200 Brand Ded
								\$400 (Fac)													
FRVT-HMO-GA2-002-N (2017)	HyHMO	Gold	Non-Standard	\$15 No DD	\$30 No DD	20%	\$250	\$200 (Phy)	\$50	\$950	\$1,900	Embedded	20%	Embedded	Embedded	\$5,850	\$11,700	\$1,300	\$2,600	Separate	\$5 / \$40 / 50%, \$250 / \$500 Brand Ded, VBID = \$1 #
FRVT-HMOH-GA2-003-N (2017)	HDHMO	Gold	Non-Standard	0%	0%	0%	0%	0%	0%	\$2,500	\$5,000	Aggregate	0%	Aggregate	Aggregate	\$2,500	\$5,000	\$1,300	\$2,600	Integrated	\$0 / \$0 / 0% Subject to Med Deductible
FRVT-HMO-SA2-001-S (2017)	HyHMO	Silver	Standard	\$25 No DD	\$65 No DD	40%	\$250	40%	\$100 No DD	\$2,150	\$4,300	Embedded	40%	Embedded	Embedded	\$6,000	\$12,000	\$1,300	\$2,600	Integrated	\$15 / \$60 / 50%, \$150 / \$300 Brand Ded
FRVT-HMOH-SA2-001-S (2017)	HDHMO	Silver	Standard	10%	25%	25%	25%	25%	25%	\$1,600	\$3,200	Aggregate	25%	Embedded	Aggregate	\$6,400	\$12,800	\$1,300	\$2,600	Integrated	\$10 / \$40 / 50% Subject to Med Deductible
								\$1,400 (Fac)													
FRVT-HMO-SA2-001-N (2017)	HyHMO	Silver	Non-Standard	\$25 No DD	\$60	50%	\$250	\$600 (Phy)	\$100	\$1,800	\$3,600	Embedded	50%	Embedded	Embedded	\$5,850	\$11,700	\$1,300	\$2,600	Separate	\$15 / 50% / 50%, \$500 / \$1000 Ded, VBID = \$3 #
FRVT-HMO-BA2-001-S (2017)	HMO	Bronze	Standard	\$35 No DD	\$90 No DD	50%	50%	50%	\$100	\$4,600	\$9,200	Embedded	50%	Embedded	Embedded	\$7,150	\$14,300	\$1,300	\$2,600	Integrated	\$20 / \$85 / 60%, \$700 / \$1,400 Ded
FRVT-HMOH-BA2-001-S (2017)	HDHMO	Bronze	Standard	50%	50%	50%	50%	50%	50%	\$5,300	\$10,600	Aggregate	50%	Embedded	Aggregate	\$6,550	\$13,100	\$1,300	\$2,600	Integrated	\$12 / 40% / 60% Subject to Med Deductible
FRVT-HMO-BA2-001-N (2017)	HMO	Bronze	Non-Standard	\$40	\$100	50%	50%	50%	\$100	\$5,500	\$11,000	Embedded	50%	Embedded	Embedded	\$7,150	\$14,300	\$1,300	\$2,600	Integrated	\$20 / \$90 / 60%, \$300 / \$600 Ded, VBID = \$3 "

American Indian	and Alaskan Native (Al/A	N) Benefits (Subsidiz	ed)								In-Net	work Benefits	3								
										Med						Med OOP	Med OOP	Rx OOP	Rx OOP		
			Standard/Non-			IP				Ded	Med Ded	Deductible		Med OOP	Rx OOP	Max	Max	Max	Max	OOP Max	
Coplan	Product Type	Metal Level	Standard	PCP	SCP	(Med/Surg)	ER	OP Surg	Amb	Single	Family	Type	Coins.	Type	Type	Single	Family	Single	Family	Type	Pharmacy
FRVT-HMO-BA1-001-S (2017)	HMO	Bronze	Standard	\$0	\$0	0%	\$0	0%	\$0	\$0	\$0	\$0	0%	N/A	N/A	N/A	N/A	N/A	N/A	N/A	\$0
FRVT-HMO-BA1-001-N (2017)	HMO	Bronze	Non-Standard	\$0	\$0	0%	\$0	0%	\$0	\$0	\$0	\$0	0%	N/A	N/A	N/A	N/A	N/A	N/A	N/A	\$0

Services subject to deductible (DD) unless otherwise stated.
\*\*\* 3 PCP Office Visits are covered in full, not subject to deductible
\*\* 3 PCP Office Visits are covered in full, not subject to deductible
\*Services provided by a tribal facility are covered in full for non-HDHP plans. For HDHP plans, services are covered in full if provided by a tribal facility after the deductible is met.
#Generic Drugs are Covered in full up to age 70. after Pharmacy deductible is met
Note: MVP's Non-Standard Plan Designs also have a Member Wellness Rider (Form: FRVT-301) attached which provides up to \$50 per adult member (age >= 18) per year.

### Exhibit 1a -- Comparison of 2016 to 2017 Benefits by Plan

											III-Net	work Benefits									
										Med						Med OOP	Med OOP	Rx OOP	Rx OOP		
			Standard/Non-			IP				Ded	Med Ded	Deductible		Med OOP	Rx OOP	Max	Max	Max	Max	OOP Max	
Form ID	Product Type	Metal Level	Standard	PCP	SCP	(Med/Surg)	ER	OP Surg	Amb	Single	Family	Type	Coins.	Type	Type	Single	Family	Single	Family	Type	Pharmacy
FRVT-HMO-P-001-S (2016)	HyHMO	Platinum	Standard	\$10 No DD	\$20 No DD	10%	\$100 No DD	10%	\$50 No DD	\$150	\$300	Embedded	10%	Embedded	Embedded	\$1,250	\$2,500	\$1,250	\$2,500	Separate	\$5 / \$40 / 50%
FRVT-HMO-P-001-S (2017)	HyHMO	Platinum	Standard	\$10 No DD	\$30 No DD	10%	\$100 No DD	10%	\$50 No DD	\$250	\$500	Embedded	10%	Embedded	Embedded	\$1,300	\$2,600	\$1,300	\$2,600	Separate	\$5 / \$50 / 50%
FRVT-HMO-G-001-S (2016)	HyHMO	Gold	Standard	\$15 No DD	\$25 No DD	20%	\$150 No DD	20%	\$50 No DD	\$750	\$1,500	Embedded	20%	Embedded	Embedded	\$4,250	\$8,500	\$1,250	\$2,500	Separate	\$5 / \$40 / 50%, \$50 / \$100 Brand Ded
FRVT-HMO-G-001-S (2017)	HyHMO	Gold	Standard	\$15 No DD	\$30 No DD	20%	\$150 No DD	20%	\$50 No DD	\$850	\$1,700	Embedded	20%	Embedded	Embedded	\$4,500	\$9,000	\$1,300	\$2,600	Separate	\$5 / \$50 / 50%, \$50 / \$100 Brand Ded
	•							\$400 (Fac)													
FRVT-HMO-G-002-N (2016)	HyHMO	Gold	Non-Standard	\$10 No DD	\$30 No DD	20%	\$200	\$200 (Phys)	\$50	\$650	\$1,300	Embedded	20%	Embedded	Embedded	\$5,550	\$11,100	\$1,300	\$2,600	Separate	\$5 / \$40 / 50%, \$200 / \$400 Brand Ded, VBID = \$1 #
								\$400 (Fac)													
FRVT-HMO-G-002-N (2017)	HyHMO	Gold	Non-Standard	\$15 No DD	\$30 No DD	20%	\$250	\$200 (Phys)	\$50	\$950	\$1,900	Embedded	20%	Embedded	Embedded	\$5,850	\$11,700	\$1,300	\$2,600	Separate	\$5 / \$40 / 50%, \$250 / \$500 Brand Ded, VBID = \$1 #
FRVT-HMOH-G-003-N (2016)	HDHMO	Gold	Non-Standard	0%	0%	0%	0%	0%	0%	\$2,400	\$4,800	Aggregate	0%	Aggregate	Aggregate	\$2,400	\$4,800	\$1,300	\$2,600	Integrated	0% / 0% / 0%, Subject to Med Deductible
FRVT-HMOH-G-003-N (2017)	HDHMO	Gold	Non-Standard	0%	0%	0%	0%	0%	0%	\$2,500	\$5,000	Aggregate	0%	Aggregate	Aggregate	\$2,500	\$5,000	\$1,300	\$2,600	Integrated	0% / 0% / 0%, Subject to Med Deductible
FRVT-HMO-S-001-S (2016)	HyHMO	Silver	Standard	\$25 No DD	\$50 No DD	40%	\$250	40%	\$100 No DD	\$2,000	\$4,000	Embedded	40%	Embedded	Embedded	\$5,600	\$11,200	\$1,250	\$2,500	Separate	\$15 / \$60 / 50%, \$150 / \$300 Brand Ded
FRVT-HMO-S-001-S (2017)	HyHMO	Silver	Standard	\$25 No DD	\$65 No DD	40%	\$250	40%	\$100 No DD	\$2,150	\$4,300	Embedded	40%	Embedded	Embedded	\$6,000	\$12,000	\$1,300	\$2,600	Integrated	\$15 / \$60 / 50%, \$150 / \$300 Brand Ded
FRVT-HMOH-S-001-S (2016)	HDHMO	Silver	Standard	10%	25%	25%	25%	25%	25%	\$1,550	\$3,100	Aggregate	25%	Embedded	Aggregate	\$5,750	\$11,500	\$1,300	\$2,600	Integrated	\$10 / \$40 / 50% Subject to Med Deductible
FRVT-HMOH-S-001-S (2017)	HDHMO	Silver	Standard	10%	25%	25%	25%	25%	25%	\$1,600	\$3,200	Aggregate	25%	Embedded	Aggregate	\$6,400	\$12,800	\$1,300	\$2,600	Integrated	\$10 / \$40 / 50% Subject to Med Deductible
								\$1,400 (Fac)													•
FRVT-HMO-S-001-N (2016)	HyHMO	Silver	Non-Standard	\$20 No DD	\$60	50%	\$250	\$600 (Phys)	\$100	\$2,000	\$4,000	Embedded	50%	Embedded	Embedded	\$5,550	\$11,100	\$1,300	\$2,600	Separate	\$15 / \$50 / 50%, \$250 / \$500 Ded, VBID = \$3 #
` '	,							\$1,400 (Fac)													
FRVT-HMO-S-001-N (2017)	HyHMO	Silver	Non-Standard	\$25 No DD	\$60	50%	\$250	\$600 (Phys)	\$100	\$1,800	\$3,600	Embedded	50%	Embedded	Embedded	\$5,850	\$11,700	\$1,300	\$2,600	Separate	\$15 / 50% / 50%, \$500 / \$1000 Ded, VBID = \$3 #
FRVT-HMO-B-001-S (2016)	HMO	Bronze	Standard	\$35	\$85	50%	50%	50%	\$100	\$4,000	\$8,000	Embedded	50%	Embedded	Embedded	\$6,850	\$13,700	\$1,250	\$2,500	Integrated	\$20 / \$80 / 60%, \$500 / \$1,000 Ded
FRVT-HMO-B-001-S (2017)	HMO	Bronze	Standard	\$35	\$90	50%	50%	50%	\$100	\$4,600	\$9,200	Embedded	50%	Embedded	Embedded	\$7,150	\$14,300	\$1,300	\$2,600	Integrated	\$20 / \$85 / 60%, \$700 / \$1,400 Ded
FRVT-HMOH-B-001-S (2016)	HDHMO	Bronze	Standard	50%	50%	50%	50%	50%	50%	\$4,400	\$8,800	Aggregate	50%	Embedded	Aggregate	\$6,500	\$13,000	\$1,300	\$2,600	Integrated	\$12 / 40% / 60% Subject to Med Deductible
FRVT-HMOH-B-001-S (2017)	HDHMO	Bronze	Standard	50%	50%	50%	50%	50%	50%	\$5,300	\$10,600	Aggregate	50%	Embedded	Aggregate	\$6,550	\$13,100	\$1,300	\$2,600	Integrated	\$12 / 40% / 60% Subject to Med Deductible
FRVT-HMO-B-001-N (2016)	HMO	Bronze	Non-Standard	\$40	\$100	50%	50%	50%	\$100	\$5,000	\$10,000	Embedded	50%	Embedded	Embedded	\$6,850	\$13,700	\$1,300	\$2,600	Integrated	\$20 / \$90 / 60%, \$300 / \$600 Ded, VBID = \$3 "
FRVT-HMO-B-001-N (2017)	HMO	Bronze	Non-Standard	\$40	\$100	50%	50%	50%	\$100	\$5,500	\$11,000	Embedded	50%	Embedded	Embedded	\$7,150	\$14,300	\$1,300	\$2,600	Integrated	\$20 / \$90 / 60%, \$300 / \$600 Ded, VBID = \$3 #
FRVT-HMO-C-001-N (2017)	HMO	Catastrophic	Standard	\$0**	\$0	0%	\$0	0%	\$0	\$7,150	\$14,300	Embedded	0%	Embedded	Embedded	\$7,150	\$14,300	\$1,300	\$2,600	Integrated	\$0 / \$0 / \$0 Subject to Med Deductible
FRVT-HMO-C-001-N (2017)	HMO	Catastrophic	Standard	\$0**	\$0	0%	\$0	0%	\$0	\$7,150	\$14,300	Embedded	0%	Embedded	Embedded	\$7,150	\$14,300	\$1,300	\$2,600	Integrated	\$0 / \$0 / \$0 Subject to Med Deductible

Subsidia	zed Cost-Sharing Benefit	ts (Non Al/AN)									In-Net	work Benefits									
										Med						Med OOP	Med OOP		Rx OOP		
			Standard/Non-			IP				Ded	Med Ded	Deductible		Med OOP	Rx OOP	Max	Max	Max	Max	OOP Max	
Coplan	Product Type	Metal Level	Standard	PCP	SCP	(Med/Surg)	ER	OP Surg	Amb	Single	Family	Type	Coins.	Type	Type	Single	Family	Single	Family	Type	Pharmacy
FRVT-HMO-S1-001-S (2016)	HyHMO	Silver	Standard		\$50 No DD	40%	\$250	40%	\$100 No DD	\$2,000	\$4,000	Embedded	40%	Embedded	Embedded	\$4,500	\$9,000	\$1,200	\$2,400	Separate	\$12 / \$60 / 50%, \$150 / \$300 Brand Ded
FRVT-HMO-S1-001-S (2017)	HyHMO	Silver	Standard	\$25 No DD	\$65 No DD	40%	\$250	40%	\$100 No DD	\$2,150	\$4,300	Embedded	40%	Embedded	Embedded	\$4,900	\$9,800	\$1,200	\$2,400	Integrated	\$12 / \$60 / 50%, \$150 / \$300 Brand Ded
FRVT-HMO-S1-002-S (2016)	HyHMO	Silver	Standard		\$30 No DD	40%	\$250	40%	\$100 No DD	\$600	\$1,200	Embedded	40%	Embedded	Embedded	\$1,250	\$2,500	\$400	\$800	Separate	\$10 / \$50 / 50%, \$100 / \$200 Brand Ded
FRVT-HMO-S1-002-S (2017)	HyHMO	Silver	Standard		\$30 No DD	40%	\$250	40%	\$100 No DD	\$600	\$1,200	Embedded	40%	Embedded	Embedded	\$1,300	\$2,600	\$400	\$800	Integrated	\$10 / \$50 / 50%, \$100 / \$200 Brand Ded
FRVT-HMO-S1-003-S (2016)	HyHMO	Silver	Standard		\$15 No DD	10%	\$75	10%	\$50 No DD	\$100	\$200	Embedded	10%	Embedded	Embedded	\$500	\$1,000	\$200	\$400	Separate	\$5 / \$20 / 30%
FRVT-HMO-S1-003-S (2017)	HyHMO	Silver	Standard	\$5 No DD	\$15 No DD	10%	\$75	10%	\$50 No DD	\$100	\$200	Embedded	10%	Embedded	Embedded	\$700	\$1,400	\$200	\$400	Integrated	\$5 / \$20 / 30%
FRVT-HMO-S1-004-S (2016)	HyHMO	Silver	Standard	\$20 No DD	\$40 No DD	40%	\$250	40%	\$100 No DD	\$1,600	\$3,200	Embedded	40%	Embedded	Embedded	\$3,400	\$6,800	\$1,000	\$2,000	Separate	\$12 / \$60 / 50%, \$150 / \$300 Brand Ded
FRVT-HMO-S1-004-S (2017)	HyHMO	Silver	Standard	\$20 No DD	\$40 No DD	40%	\$250	40%	\$100 No DD	\$1,600	\$3,200	Embedded	40%	Embedded	Embedded	\$3,700	\$7,400	\$1,000	\$2,000	Integrated	\$12 / \$60 / 50%, \$150 / \$300 Brand Ded
FRVT-HMOH-S1-001-S (2016)	HDHMO	Silver	Standard	10%	25%	25%	25%	25%	25%	\$1,550	\$3,100	Aggregate	25%	Embedded	Aggregate	\$4,250	\$8,500	\$1,300	\$2,600	Integrated	\$10 / \$40 / 50% Subject to Med Deductible
FRVT-HMOH-S1-001-S (2017)	HDHMO	Silver	Standard	10%	25%	25%	25%	25%	25%	\$1,600	\$3,200	Aggregate	25%	Embedded	Aggregate	\$4,700	\$9,400	\$1,300	\$2,600	Integrated	\$10 / \$40 / 50% Subject to Med Deductible
FRVT-HMOH-S1-002-S (2016)	HDHMO	Silver	Standard	0%	0%	0%	0%	0%	0%	\$1,200	\$2,400	Aggregate	0%	Aggregate	Aggregate	\$1,200	\$2,400	\$1,200	\$2,400	Integrated	\$0 / \$0 / 0% Subject to Med Deductible
FRVT-HMOH-S1-002-S (2017)	HDHMO	Silver	Standard	0%	0%	0%	0%	0%	0%	\$1,300	\$2,600	Aggregate	0%	Embedded	Aggregate	\$1,300	\$2,600	\$1,300	\$2,600	Integrated	\$0 / \$0 / 0% Subject to Med Deductible
FRVT-HMOH-S1-003-S (2016)	HDHMO	Silver	Standard	0%	0%	0%	0%	0%	0%	\$500	\$1,000	Aggregate	0%	Aggregate	Aggregate	\$500	\$1,000	\$500	\$1,000	Integrated	\$0 / \$0 / 0% Subject to Med Deductible
FRVT-HMOH-S1-003-S (2017)	HDHMO	Silver	Standard	0%	0%	0%	0%	0%	0%	\$550	\$1,100	Aggregate	0%	Embedded	Aggregate	\$550	\$1,100	\$550	\$1,100	Integrated	\$0 / \$0 / 0% Subject to Med Deductible
FRVT-HMOH-S1-004-S (2016)	HDHMO	Silver	Standard	10%	25%	25%	25%	25%	25%	\$1,400	\$2,800	Aggregate	25%	Aggregate	Aggregate	\$3,100	\$6,200	\$1,300	\$2,600	Integrated	\$10 / \$40 / 50% Subject to Med Deductible
FRVT-HMOH-S1-004-S (2017)	HDHMO	Silver	Standard	10%	25%	25%	25%	25%	25%	\$1,400	\$2,800	Aggregate	25%	Embedded	Aggregate	\$3,400	\$6,800	\$1,300	\$2,600	Integrated	\$10 / \$40 / 50% Subject to Med Deductible
								\$800 (Fac)													
FRVT-HMO-S1-001-N (2016)	HyHMO	Silver	Non-Standard	\$10 No DD	\$50	40%	\$150	\$400 (Phys)	\$100	\$700	\$1,400	Embedded	40%	Embedded	Embedded	\$4,250	\$8,500	\$1,200	\$2,400	Separate	\$12 / \$40 / 50%, \$200 / \$400 Ded, VBID = \$3 *
								\$1400 (Fac)													
FRVT-HMO-S1-001-N (2017)	HyHMO	Silver	Non-Standard	\$20 No DD	\$60	50%	\$250	\$600 (Phys)	\$100	\$900	\$1,800	Embedded	50%	Embedded	Embedded	\$4,500	\$9,000	\$1,200	\$2,400	Separate	\$15 / 50% / 50%, \$300 / \$600 Ded, VBID = \$3 *
								\$100 (Fac)													
FRVT-HMO-S1-002-N (2016)	HyHMO	Silver	Non-Standard	\$5 No DD	\$30	10%	\$100	\$75 (Phys)	\$100	\$60	\$120	Embedded	10%	Embedded	Embedded	\$1,800	\$3,600	\$450	\$900	Separate	\$10 / \$25 / 40%, \$50 / \$100 Ded, VBID = \$3 *
								\$400 (Fac)													
FRVT-HMO-S1-002-N (2017)	HyHMO	Silver	Non-Standard	\$5 No DD	\$30	10%	\$100	\$200 (Phys)	\$100	\$60	\$120	Embedded	10%	Embedded	Embedded	\$1,900	\$3,800	\$450	\$900	Separate	\$10 / 20% / 40%, \$50 / \$100 Ded, VBID = \$3 *
				ĺ				\$50 (Fac)													
FRVT-HMO-S1-003-N (2016)	HyHMO	Silver	Non-Standard	\$5 No DD	\$10 No DD	5%	\$50 No DD	\$25 (Phys)	\$50 No DD	\$0	\$0	Embedded	5%	Embedded	Embedded	\$1,800	\$3,600	\$450	\$900	Separate	\$5 / \$10 / 5%, VBID = \$1 #
				l				\$100 (Fac)						1							
FRVT-HMO-S1-003-N (2017)	HyHMO	Silver	Non-Standard	\$5 No DD	\$10 No DD	5%	\$50 No DD	\$75 (Phys)	\$50 No DD	\$0	\$0	Embedded	5%	Embedded	Embedded	\$1,900	\$3,800	\$450	\$900	Separate	\$5 / 10% / 10%, VBID = \$1 #
				ĺ				\$400 (Fac)													
FRVT-HMO-S1-004-N (2016)	HyHMO	Silver	Non-Standard	\$5 No DD	\$40	30%	\$100	\$200 (Phys)	\$100	\$300	\$600	Embedded	30%	Embedded	Embedded	\$4,250	\$8,500	\$1,200	\$2,400	Separate	\$12 / \$40 / 40%, \$100 / \$200 Ded, VBID = \$3 #
								\$800 (Fac)													
FRVT-HMO-S1-004-N (2017)	HyHMO	Silver	Non-Standard	\$10 No DD	\$40	30%	\$100	\$400 (Phys)	\$100	\$300	\$600	Embedded	30%	Embedded	Embedded	\$4,500	\$9,000	\$1,200	\$2,400	Separate	\$12 / 40% / 40%, \$100 / \$200 Ded, VBID = \$3 *

American Indian	and Alaskan Native (Al/Al	N) Benefits (Subsidize	ed)								In-Net	vork Benefits	3								
										Med						Med OOP	Med OOP	Rx OOP	Rx OOP		,
			Standard/Non-			IP				Ded	Med Ded	Deductible		Med OOP	Rx OOP	Max	Max	Max	Max	OOP Max	, I
Coplan	Product Type	Metal Level	Standard	PCP	SCP	(Med/Surg)	ER	OP Surg	Amb	Single	Family	Type	Coins.	Type	Type	Single	Family	Single	Family	Type	Pharmacy
FRVT-HMO-BA1-001-S (2016)	HMO	Bronze	Standard	\$0	\$0	0%	\$0	0%	\$0	\$0	\$0	\$0	0%	N/A	N/A	N/A	N/A	N/A	N/A	N/A	\$0
FRVT-HMO-BA1-001-S (2017)	HMO	Bronze	Standard	\$0	\$0	0%	\$0	0%	\$0	\$0	\$0	\$0	0%	N/A	N/A	N/A	N/A	N/A	N/A	N/A	\$0
FRVT-HMO-BA1-001-N (2016)	HMO	Bronze	Non-Standard	\$0	\$0	0%	\$0	0%	\$0	\$0	\$0	\$0	0%	N/A	N/A	N/A	N/A	N/A	N/A	N/A	\$0
FRVT-HMO-BA1-001-N (2017)	HMO	Bronze	Non-Standard	\$0	\$0	0%	\$0	0%	\$0	\$0	\$0	\$0	0%	N/A	N/A	N/A	N/A	N/A	N/A	N/A	\$0

Services subject to deductible (DD) unless otherwise stated.

\*\* 3 PCP Office Visits are covered in full, not subject to deductible

\*Services provided by a tribal facility are covered in full for non-HDHP plans. For HDHP plans, services are covered in full if provided by a tribal facility after the deductible is met.

#Ceneric Drugs are Covered in full up to age 10, after Pharmacy deductible is met.

Note: Al/AN Unsubsidized plan designs match the corresponding coplan's plan design.

Changes in benefits from 2016 to 2017 are shown in gray shading.

# Exhibit 2a -- Pricing Trend Assumptions

MVP Health Plan, Inc. 2017 Vermont Exchange Rate Filing For Effective Dates Beginning Between January 1, 2017 - December 31, 2017

	Midpoint
Experience Period: January 1, 2015 - December 31, 2015	July 1, 2015
Rating Period: January 1, 2017 - December 31, 2017	July 1, 2017

	2016	2017	Total	
Months of Trend	12	12	24	

# Medical Trend Summary

	<u>20</u>	16 Annual Trend		
	% of Allowed Claims	Allowed Cost	Utilization	Total
IP	20.2%	4.1%	0.0%	4.1%
OP and Other Med	47.7%	3.5%	0.0%	3.5%
PHY	32.1%	-3.1%	0.0%	-3.1%
Medical Total		1.5%	0.0%	1.5%

	<u>20</u>	17 Annual Trend		
	% of Allowed Claims	Allowed Cost	Utilization	Total
IP	20.7%	5.1%	0.0%	5.1%
OP and Other Med	48.6%	4.3%	0.0%	4.4%
PHY	30.7%	1.4%	0.0%	1.4%
Medical Total		3.6%	0.0%	3.6%

Annual Allowed Medical Trend 2.5%

	Allowed-COB	Coinsurance	Copay	Deductible	Paid
Rating Period:	\$396.88	\$11.98	\$4.85	\$63.29	\$316.75
24 Months of Trend:	1.052	1.052	1.000	1.030	1.057
Projection Period:	\$417.34	\$12.60	\$4.85	\$65.17	\$334.71
lowed Trend (Annual)	2.5%				
Paid Trend (Annual)	2.8%				
Leveraging (Annual)	0.2%				

### Rx Trend Summary

### Small Group/Individual Trends

	2016 Trend		2017	<u>Trend</u>	Annualized Trend	
	Unit Cost	Utilization	Unit Cost	Utilization	Unit Cost	Utilization
Generic	-12.6%	3.4%	-3.2%	3.1%	-8.0%	3.3%
Brand	10.4%	-2.2%	17.3%	-1.9%	13.8%	-2.0%
Specialty	10.9%	10.3%	11.7%	7.9%	11.3%	9.1%

# Large Group Trends

	2016 Trend		<u>2017</u>	Trend	Annualiz	Annualized Trend	
	Unit Cost	Utilization	Unit Cost	Utilization	Unit Cost	Utilization	
Generic	-11.2%	3.4%	-2.7%	3.2%	-7.0%	3.3%	
Brand	15.8%	-5.2%	17.1%	-2.2%	16.4%	-3.7%	
Specialty	8.2%	9.5%	9.1%	8.1%	8.6%	8.8%	

# Exhibit 2b -- Rx Trend Development

MVP Health Plan, Inc. 2017 Vermont Exchange Rate Filing For Effective Dates Beginning Between January 1, 2017 - December 31, 2017

<b>Rx Claim Information</b>	Generic	Brand	Specialty	Total
Experience Period Scripts / 1000	9,529	1,270	86	10,884
Experience Period Allowed Cost per Script	\$19.17	\$219.47	\$3,442.66	\$69.45
Experience Period Deductible Per Script	\$4.18	\$25.22	\$45.85	\$6.96
Experience Period Copay Per Script	\$3.15	\$15.38	\$16.94	\$4.68
Experience Period Coinsurance Per Script	\$0.14	\$10.93	\$17.74	\$1.54
Experience Period Paid Cost Per Script	\$11.70	\$167.95	\$3,362.13	\$56.27
Experience Period Allowed PMPM	\$15.22	\$23.22	\$24.55	\$63.00
Experience Period Deductible PMPM	\$3.32	\$2.67	\$0.33	\$6.31
Experience Period Copay PMPM	\$2.50	\$1.63	\$0.12	\$4.25
Experience Period Coinsurance PMPM	\$0.11	\$1.43	\$0.15	\$1.70
Experience Period Paid PMPM	\$9.29	\$17.50	\$23.95	\$50.74
Experience Period Rx Rebates PMPM				(\$7.28)
Annual Util Trend	1.033	0.975	1.090	1.027
Annual Unit Cost Trend	0.922	1.146	1.105	1.087
Annual Allowed Trend	0.952	1.117	1.205	1.116
Annual Paid Trend	0.930	1.129	1.206	1.133
Annual Paid Trend Net of Rebates	n/a	n/a	n/a	1.122
Months of Trend	24	24	24	24
Projected Scripts / 1000	10,162	1,206	102	11,470
Projected Allowed Cost per Script	\$16.30	\$288.09	\$4,206.88	\$82.04
Projected Deductible Per Script	\$3.55	\$33.11	\$55.98	\$7.13
Projected Copay Per Script	\$3.15	\$15.38	\$16.94	\$4.56
Projected Coinsurance Per Script	\$0.12	\$17.70	\$26.63	\$2.20
Projected Paid Cost Per Script	\$9.48	\$221.89	\$4,107.33	\$68.15
Projected Allowed PMPM	\$13.81	\$28.96	\$35.65	\$78.42
Projected Deductible PMPM	\$3.01	\$3.33	\$0.47	\$6.81
Projected Copay PMPM	\$2.67	\$1.55	\$0.14	\$4.36
Projected Coinsurance PMPM	\$0.10	\$1.78	\$0.23	\$2.11
Projected Paid PMPM	\$8.03	\$22.31	\$34.81	\$65.14
Projected Rx Rebates				(\$10.44)
Net Projected Paid PMPM				\$54.71

# Exhibit 2b -- Rx Trend Development (Small Non-ACA)

Rx Claim Information	Generic	Brand	Specialty	Total
Experience Period Scripts / 1000	8,469	1,052	107	9,628
Experience Period Allowed Cost per Script	\$20.09	\$209.84	\$3,393.05	\$78.33
Experience Period Deductible Per Script	\$6.89	\$45.79	\$90.34	\$12.06
Experience Period Copay Per Script	\$2.02	\$10.49	\$10.45	\$3.04
Experience Period Coinsurance Per Script	\$0.14	\$4.98	\$1.46	\$0.68
Experience Period Paid Cost Per Script	\$11.04	\$148.59	\$3,290.80	\$62.55
Experience Period Allowed PMPM	\$14.18	\$18.39	\$30.29	\$62.85
Experience Period Deductible PMPM	\$4.86	\$4.01	\$0.81	\$9.68
Experience Period Copay PMPM	\$1.42	\$0.92	\$0.09	\$2.44
Experience Period Coinsurance PMPM	\$0.10	\$0.44	\$0.01	\$0.55
Experience Period Paid PMPM	\$7.80	\$13.02	\$29.37	\$50.19
Experience Period Rx Rebates PMPM				(\$6.58)
Annual Util Trend	1.033	0.980	1.091	1.028
Annual Unit Cost Trend	0.920	1.138	1.113	1.070
Annual Allowed Trend	0.950	1.115	1.214	1.100
Annual Paid Trend	0.934	1.124	1.214	1.152
Annual Paid Trend Net of Rebates	n/a	n/a	n/a	1.131
Months of Trend	24	24	24	24
Projected Scripts / 1000	9,032	1,009	127	10,168
Projected Allowed Cost per Script	\$16.99	\$271.74	\$4,201.52	\$94.74
Projected Deductible Per Script	\$5.83	\$59.29	\$111.86	\$12.46
Projected Copay Per Script	\$2.02	\$10.49	\$10.45	\$2.96
Projected Coinsurance Per Script	\$0.12	\$6.44	\$1.80	\$0.77
Projected Paid Cost Per Script	\$9.03	\$195.52	\$4,077.40	\$78.55
Projected Allowed PMPM	\$12.79	\$22.86	\$44.63	\$80.28
Projected Deductible PMPM	\$4.39	\$4.99	\$1.19	\$10.56
Projected Copay PMPM	\$1.52	\$0.88	\$0.11	\$2.51
Projected Coinsurance PMPM	\$0.09	\$0.54	\$0.02	\$0.65
Projected Paid PMPM	\$6.80	\$16.45	\$43.31	\$66.56
Projected Rx Rebates				(\$10.74)
Net Projected Paid PMPM				\$55.82

# Exhibit 2b -- Rx Trend Development (Small ACA)

MVP Health Plan, Inc. 2017 Vermont Exchange Rate Filing For Effective Dates Beginning Between January 1, 2017 - December 31, 2017

Rx Claim Information	Generic	Brand	Specialty	Total
Experience Period Scripts / 1000	10,340	1,397	103	11,840
Experience Period Allowed Cost per Script	\$21.74	\$241.23	\$3,483.19	\$77.73
Experience Period Deductible Per Script	\$2.42	\$16.90	\$20.94	\$4.29
Experience Period Copay Per Script	\$4.14	\$18.65	\$15.57	\$5.95
Experience Period Coinsurance Per Script	\$0.04	\$22.82	\$45.48	\$3.12
Experience Period Paid Cost Per Script	\$15.14	\$182.86	\$3,401.20	\$64.37
Experience Period Allowed PMPM	\$18.73	\$28.08	\$29.88	\$76.69
Experience Period Deductible PMPM	\$2.09	\$1.97	\$0.18	\$4.23
Experience Period Copay PMPM	\$3.57	\$2.17	\$0.13	\$5.87
Experience Period Coinsurance PMPM	\$0.03	\$2.66	\$0.39	\$3.08
Experience Period Paid PMPM	\$13.05	\$21.29	\$29.18	\$63.51
Experience Period Rx Rebates PMPM				(\$8.14)
Annual Util Trend	1.033	0.980	1.091	1.027
Annual Unit Cost Trend	0.920	1.138	1.113	1.088
Annual Allowed Trend	0.950	1.115	1.214	1.118
Annual Paid Trend	0.926	1.128	1.215	1.131
Annual Paid Trend Net of Rebates	n/a	n/a	n/a	1.118
Months of Trend	24	24	24	24
Projected Scripts / 1000	11,027	1,341	123	12,490
Projected Allowed Cost per Script	\$18.39	\$312.39	\$4,313.14	\$92.08
Projected Deductible Per Script	\$2.05	\$21.88	\$25.93	\$4.41
Projected Copay Per Script	\$4.14	\$18.65	\$15.57	\$5.81
Projected Coinsurance Per Script	\$0.03	\$29.56	\$56.31	\$3.75
Projected Paid Cost Per Script	\$12.17	\$242.30	\$4,215.33	\$78.10
Projected Allowed PMPM	\$16.90	\$34.91	\$44.03	\$95.84
Projected Deductible PMPM	\$1.88	\$2.45	\$0.26	\$4.59
Projected Copay PMPM	\$3.80	\$2.08	\$0.16	\$6.05
Projected Coinsurance PMPM	\$0.03	\$3.30	\$0.57	\$3.91
Projected Paid PMPM	\$11.18	\$27.07	\$43.04	\$81.29
Projected Rx Rebates				(\$12.05)
Net Projected Paid PMPM				\$69.25

# Exhibit 2b -- Rx Trend Development (Individual ACA)

Rx Claim Information	Generic	Brand	Specialty	Total
Experience Period Scripts / 1000	9,535	1,224	54	10,812
Experience Period Allowed Cost per Script	\$18.53	\$213.26	\$3,570.31	\$58.32
Experience Period Deductible Per Script	\$3.92	\$17.97	\$14.17	\$5.56
Experience Period Copay Per Script	\$3.74	\$16.95	\$30.56	\$5.37
Experience Period Coinsurance Per Script	\$0.22	\$22.23	\$26.75	\$2.85
Experience Period Paid Cost Per Script	\$10.65	\$156.11	\$3,498.82	\$44.55
Experience Period Allowed PMPM	\$14.72	\$21.75	\$16.08	\$52.55
Experience Period Deductible PMPM	\$3.11	\$1.83	\$0.06	\$5.01
Experience Period Copay PMPM	\$2.98	\$1.73	\$0.14	\$4.84
Experience Period Coinsurance PMPM	\$0.18	\$2.27	\$0.12	\$2.56
Experience Period Paid PMPM	\$8.46	\$15.92	\$15.76	\$40.14
Experience Period Rx Rebates PMPM				(\$5.86)
Annual Util Trend	1.033	0.980	1.091	1.027
Annual Unit Cost Trend	0.920	1.138	1.113	1.075
Annual Allowed Trend	0.950	1.115	1.214	1.104
Annual Paid Trend	0.919	1.129	1.215	1.124
Annual Paid Trend Net of Rebates	n/a	n/a	n/a	1.109
Months of Trend	24	24	24	24
Projected Scripts / 1000	10,167	1,175	64	11,406
Projected Allowed Cost per Script	\$15.68	\$276.17	\$4,421.02	\$67.35
Projected Deductible Per Script	\$3.31	\$23.27	\$17.55	\$5.45
Projected Copay Per Script	\$3.74	\$16.95	\$30.56	\$5.26
Projected Coinsurance Per Script	\$0.19	\$28.79	\$33.13	\$3.32
Projected Paid Cost Per Script	\$8.43	\$207.16	\$4,339.78	\$53.32
Projected Allowed PMPM	\$13.28	\$27.04	\$23.70	\$64.02
Projected Deductible PMPM	\$2.81	\$2.28	\$0.09	\$5.18
Projected Copay PMPM	\$3.17	\$1.66	\$0.16	\$5.00
Projected Coinsurance PMPM	\$0.16	\$2.82	\$0.18	\$3.16
Projected Paid PMPM	\$7.14	\$20.28	\$23.26	\$50.68
Projected Rx Rebates				(\$8.52)
Net Projected Paid PMPM				\$42.16

# Exhibit 2b -- Rx Trend Development (51-100)

MVP Health Plan, Inc. 2017 Vermont Exchange Rate Filing For Effective Dates Beginning Between January 1, 2017 - December 31, 2017

Rx Claim Information	Generic	Brand	Specialty	Total
Experience Period Scripts / 1000	9,924	1,328	113	11,365
Experience Period Allowed Cost per Script	\$19.12	\$220.79	\$3,604.36	\$78.36
Experience Period Deductible Per Script	\$4.27	\$32.29	\$58.49	\$8.09
Experience Period Copay Per Script	\$2.55	\$14.38	\$17.65	\$4.08
Experience Period Coinsurance Per Script	\$0.18	\$2.12	\$4.77	\$0.45
Experience Period Paid Cost Per Script	\$12.12	\$172.00	\$3,523.44	\$65.74
Experience Period Allowed PMPM	\$15.81	\$24.44	\$33.97	\$74.22
Experience Period Deductible PMPM	\$3.53	\$3.57	\$0.55	\$7.66
Experience Period Copay PMPM	\$2.11	\$1.59	\$0.17	\$3.87
Experience Period Coinsurance PMPM	\$0.15	\$0.23	\$0.04	\$0.43
Experience Period Paid PMPM	\$10.02	\$19.04	\$33.21	\$62.26
Experience Period Rx Rebates PMPM				(\$9.13)
Annual Util Trend	1.033	0.963	1.088	1.025
Annual Unit Cost Trend	0.930	1.164	1.086	1.090
Annual Allowed Trend	0.960	1.121	1.182	1.118
Annual Paid Trend	0.944	1.133	1.182	1.132
Annual Paid Trend Net of Rebates	n/a	n/a	n/a	1.129
Months of Trend	24	24	24	24
Projected Scripts / 1000	10,586	1,231	134	11,951
Projected Allowed Cost per Script	\$16.52	\$299.40	\$4,254.22	\$93.13
Projected Deductible Per Script	\$3.69	\$43.78	\$69.04	\$8.55
Projected Copay Per Script	\$2.55	\$14.38	\$17.65	\$3.94
Projected Coinsurance Per Script	\$0.16	\$2.88	\$5.63	\$0.50
Projected Paid Cost Per Script	\$10.12	\$238.36	\$4,161.90	\$80.14
Projected Allowed PMPM	\$14.57	\$30.72	\$47.46	\$92.76
Projected Deductible PMPM	\$3.26	\$4.49	\$0.77	\$8.52
Projected Copay PMPM	\$2.25	\$1.48	\$0.20	\$3.92
Projected Coinsurance PMPM	\$0.14	\$0.30	\$0.06	\$0.50
Projected Paid PMPM	\$8.93	\$24.46	\$46.43	\$79.82
Projected Rx Rebates				(\$12.07)
Net Projected Paid PMPM				\$67.74

# Exhibit 2b -- Rx Trend Development (Agriservices)

Rx Claim Information	Generic	Brand	Specialty	Total
Experience Period Scripts / 1000	9,704	1,515	57	11,276
Experience Period Allowed Cost per Script	\$14.76	\$208.19	\$3,120.96	\$56.54
Experience Period Deductible Per Script	\$3.64	\$20.61	\$24.95	\$6.03
Experience Period Copay Per Script	\$2.49	\$14.60	\$11.71	\$4.17
Experience Period Coinsurance Per Script	\$0.00	\$0.57	\$0.00	\$0.08
Experience Period Paid Cost Per Script	\$8.62	\$172.41	\$3,084.30	\$46.27
Experience Period Allowed PMPM	\$11.94	\$26.28	\$14.91	\$53.13
Experience Period Deductible PMPM	\$2.95	\$2.60	\$0.12	\$5.67
Experience Period Copay PMPM	\$2.02	\$1.84	\$0.06	\$3.92
Experience Period Coinsurance PMPM	\$0.00	\$0.07	\$0.00	\$0.07
Experience Period Paid PMPM	\$6.97	\$21.76	\$14.74	\$43.48
Experience Period Rx Rebates PMPM				(\$8.50)
Annual Util Trend	1.033	0.963	1.088	1.024
Annual Unit Cost Trend	0.930	1.164	1.086	1.079
Annual Allowed Trend	0.960	1.121	1.182	1.105
Annual Paid Trend	0.938	1.134	1.182	1.122
Annual Paid Trend Net of Rebates	n/a	n/a	n/a	1.134
Months of Trend	24	24	24	24
Projected Scripts / 1000	10,351	1,404	68	11,823
Projected Allowed Cost per Script	\$12.75	\$282.31	\$3,683.67	\$65.85
Projected Deductible Per Script	\$3.15	\$27.94	\$29.45	\$6.24
Projected Copay Per Script	\$2.49	\$14.60	\$11.71	\$3.98
Projected Coinsurance Per Script	\$0.00	\$0.77	\$0.00	\$0.09
Projected Paid Cost Per Script	\$7.11	\$238.99	\$3,642.51	\$55.53
Projected Allowed PMPM	\$11.00	\$33.04	\$20.84	\$64.88
Projected Deductible PMPM	\$2.71	\$3.27	\$0.17	\$6.15
Projected Copay PMPM	\$2.15	\$1.71	\$0.07	\$3.93
Projected Coinsurance PMPM	\$0.00	\$0.09	\$0.00	\$0.09
Projected Paid PMPM	\$6.13	\$27.97	\$20.60	\$54.71
Projected Rx Rebates				(\$9.76)
Net Projected Paid PMPM				\$44.95

# Exhibit 2b -- Rx Trend Development (Indemnity)

Rx Claim Information	Generic	Brand	Specialty	Total
Experience Period Scripts / 1000	6,531	806	98	7,435
Experience Period Allowed Cost per Script	\$12.67	\$169.69	\$1,403.55	\$48.01
Experience Period Deductible Per Script	\$8.43	\$26.89	\$38.46	\$10.82
Experience Period Copay Per Script	\$0.00	\$0.00	\$0.00	\$0.00
Experience Period Coinsurance Per Script	\$1.65	\$62.00	\$234.89	\$11.26
Experience Period Paid Cost Per Script	\$2.60	\$80.80	\$1,130.20	\$25.93
Experience Period Allowed PMPM	\$6.90	\$11.40	\$11.45	\$29.75
Experience Period Deductible PMPM	\$4.59	\$1.81	\$0.31	\$6.71
Experience Period Copay PMPM	\$0.00	\$0.00	\$0.00	\$0.00
Experience Period Coinsurance PMPM	\$0.90	\$4.16	\$1.92	\$6.98
Experience Period Paid PMPM	\$1.41	\$5.43	\$9.22	\$16.06
Experience Period Rx Rebates PMPM				(\$3.76)
Annual Util Trend	1.033	0.980	1.091	1.028
Annual Unit Cost Trend	0.920	1.138	1.113	1.089
Annual Allowed Trend	0.950	1.115	1.214	1.119
Annual Paid Trend	0.950	1.115	1.214	1.160
Annual Paid Trend Net of Rebates	n/a	n/a	n/a	1.031
Months of Trend	24	24	24	24
Projected Scripts / 1000	6,965	774	117	7,855
Projected Allowed Cost per Script	\$10.72	\$219.75	\$1,737.98	\$56.94
Projected Deductible Per Script	\$7.13	\$34.82	\$47.63	\$10.46
Projected Copay Per Script	\$0.00	\$0.00	\$0.00	\$0.00
Projected Coinsurance Per Script	\$1.39	\$80.28	\$290.86	\$13.46
Projected Paid Cost Per Script	\$2.20	\$104.64	\$1,399.49	\$33.02
Projected Allowed PMPM	\$6.22	\$14.17	\$16.88	\$37.27
Projected Deductible PMPM	\$4.14	\$2.25	\$0.46	\$6.85
Projected Copay PMPM	\$0.00	\$0.00	\$0.00	\$0.00
Projected Coinsurance PMPM	\$0.81	\$5.18	\$2.82	\$8.81
Projected Paid PMPM	\$1.28	\$6.75	\$13.59	\$21.61
Projected Rx Rebates				(\$8.52)
Net Projected Paid PMPM				\$13.09

Development of Index PMPM Claim Rate Experience Period Incurred DOS: 1/1/15 - 12/31/15

Completed Through: 3/31/16

	Exhibit 3 - VT Small Group and Individual Index Rate						
	Non-ACA Compliant Agriservices	Non-ACA Compliant Individual Indemnity	Non-ACA Compliant Small Group	Non-ACA Compliant Large Group 51-100	ACA Compliant Small Group	ACA Compliant Individual	Small Group + Individual Single Risk Pool
1 Member Months	14,648	1,593	26,592	19,417	27,395	37,526	127,171
2 FFS Paid Medical Claims 3 Claims Settlement Payment 4 CSR Payments	\$304.11 \$6.65 \$0.00	\$183.73 \$6.65 \$0.00	\$322.98 \$6.65 \$0.00	\$284.24 \$6.65 \$0.00	\$291.87 \$6.65 \$0.00	\$313.78 \$6.65 (\$12.85)	\$303.73 \$6.65 (\$3.79)
5 IBNR Factor	1.019	1.017	1.017	1.017	1.024	1.024	
6 FFS Incurred Paid Medical Claims	\$316.60	\$193.47	\$335.06	\$295.67	\$305.42	\$314.68	\$312.75
7 FFS Incurred Rx Claims	\$43.48	\$16.06	\$49.69	\$62.26	\$63.51	\$40.14	\$50.63
8 Experience Period Rx Rebates	(\$8.50)	(\$3.76)	(\$6.58)	(\$9.13)	(\$8.14)	(\$5.86)	(\$7.28)
9 FFS Incurred Rx Claims (Net of Rebates)	\$34.98	\$12.31	\$43.11	\$53.13	\$55.37	\$34.27	\$43.35
10 FFS Medical & Rx Claims in Excess of \$100,000 Pooling Point 11 Pooling Charge	(\$39.47) \$53.28	\$0.00 \$35.13	(\$62.37) \$53.91	(\$39.51) \$52.80	(\$36.96) \$55.28	(\$65.92) \$48.32	(\$51.03) \$52.07
12 FFS Experience Period Claim Expense After Pooling Adjustment	\$365.39	\$240.91	\$369.71	\$362.09	\$379.10	\$331.36	\$357.14
	·	·	•	•	•	·	•
13 Experience Period Capitation and Non-FFS Medical Costs	\$15.86	\$18.59	\$15.27	\$15.82	\$17.65	\$10.65	\$14.62
14 Adjusted Experience Period Claim Expense	\$381.26	\$259.50	\$384.98	\$377.91	\$396.75	\$342.01	\$371.76
Market-Wide Adjustments to Experience Period Claims							
15 Adjustment for average policy during beginning of policy year	\$1.99	\$0.00	\$0.00	\$0.00	\$0.50	\$5.42	\$1.94
16 Adjustment for average policy during end of policy year	\$0.00	(\$46.32)	(\$0.86)	(\$1.03)	\$0.00	\$0.00	(\$0.92)
17 Medical Benefit Modifications to Meet EHB Requirements	\$1.47	\$1.47	\$1.47	\$1.47	\$0.00	\$0.00	\$0.72
18 Rx Benefit Modifications to Meet EHB Requirements	\$0.00	\$0.00	\$0.43	\$0.00	\$0.00	\$0.00	\$0.09
19 Adjustment to experience period claims for \$1,300 Rx Out-of-Pocket Max	\$0.31	\$0.00	\$1.21	\$1.41	\$0.38	\$0.38	\$0.70
20 Adjustment for experience period vs projected membership characteristics	\$0.44	\$0.00	\$1.16	\$20.44	(\$1.17)	\$5.29	\$4.72
21 Experience Period Claim Expense After All Adjustments	\$385.46	\$214.65	\$388.39	\$400.19	\$396.46	\$353.10	\$379.00
22 Annual FFS Medical projection factor	1.028	1.028	1.028	1.028	1.028	1.028	1.028
23 Annual FFS Rx projection factor	1.122	1.160	1.131	1.129	1.118	1.109	1.122
24 Annual FFS Claim trend projection factor	1.037	1.036	1.040	1.043	1.042	1.036	1.039
25 Months of Trend	24	24	24	24	24	24	24
26 Projection Period FFS Claim Expense PMPM Prior to Adjustments for Federal Programs	\$397.68	\$210.36	\$403.37	\$418.44	\$411.15	\$367.50	\$393.67
27 Projection Period VT Paid Claim Surcharge + NYS HCRA	\$4.97	\$2.63	\$5.04	\$5.23	\$5.14	\$4.59	\$4.92
28 Projection Period Capitation and Non-FFS Medical Costs	\$5.33	\$5.33	\$5.33	\$5.33	\$5.33	\$5.33	\$5.33
29 Paid Index Rate PMPM Prior to Adjustments for Federal Programs	\$407.97	\$218.32	\$413.74	\$428.99	\$421.61	\$377.41	\$403.92
Federal Risk Adjustment Program							
30 Federal Risk Adjustment Program Impact	\$29.72	\$15.90	\$30.14	\$31.25	\$30.71	\$27.49	\$29.42
31 Paid Index Rate PMPM After Adjustments for Federal Programs	\$437.69	\$234.22	\$443.88	\$460.24	\$452.32	\$404.91	\$433.34

# Exhibit 4 -- Conversion Factor and Tier Ratios

MVP Health Plan, Inc. 2017 Vermont Exchange Rate Filing For Effective Dates Beginning Between January 1, 2017 - December 31, 2017

Tier	Contract Type	Subscriber Months	Member Months	Avg Contract Size	Load Factor
4	Single	4,081	4,081	1.000	1.000
4	Double	1,007	2,014	2.000	2.000
4	Parent/Child(ren)	168	425	2.530	1.930
4	Family	813	3,210	3.948	2.810

Single Conversion Factor 1.118

# Exhibit 5 -- Retention Loads, Taxes/Assessments, and Paid Claim Surcharges

% of Premium Retention Components										
Broker Load	0.00%									
Bad Debt	0.40%									
Contribution to Reserves	1.00%									
Total % of Premium Retention Components	1.40%									
PMPM Retention Components										
General Administrative Load \$35.10										
National Network Fee	\$1.50									
Total % of Premium Retention Components	\$36.60									
% of Premium Taxes and Assessi	nents									
Premium Tax	0.00%									
VT Vaccine Pilot	0.50%									
ACA Insurer Tax	0.00%									
Total % of Premium Taxes/Assessments	0.50%									
% of Paid Claim Taxes and Assess	ments									
Vermont Paid Claim Surcharge	0.999%									
New York State HCRA Surcharge	0.250%									
Total % of Paid Claim Taxes/Assessments	1.249%									
PMPM Taxes and Assessmen	ts									
HHS Risk Adjustment User Fee	\$0.13									
Comparative Eff Research Tax	\$0.20									
2017 Billback- Health Care Advocate	\$0.49									
Total PMPM Taxes/Assessments	\$0.82									

### Exhibit 6 -- 2017 Exchange Premium Rates

MVP Health Plan, Inc. 2017 Vermont Exchange Rate Filing For Effective Dates Beginning Between January 1, 2017 - December 31, 2017

2015 Adjusted Paid Claim Cost (Exhibit 3, Line 34 Benefit Relativity Reflected in Index Rate 0.711 Induced Demand Reflected in Index Rate 1.045 Adjusted Claim Cost for Pricing \$583.24

																		Increase	Increase		Increase
				Federal and State	Benefit	Induced			Administrative	% of Premium	PMPM Taxes	Benefits in	Gross					over 2016	over 2016	Increase	over 2016
	Product		Standard/Non-	Combined	Actuarial	Utilization	Net Claim Cost	Bad Debt / CTR	Expense	Taxes and	and	Excess of	Claim Cost			Parent/Child(		Single	Double	over 2016	Family
Coplan	Type	Metal Level	Standard	Subsidy	Value	Factor*	PMPM	(% of Premium)	(PMPM)	Assessments	Assessments	EHB's**	PMPM	Single***	Double	ren)	Family	Rate	Rate	P/C Rate	Rate
FRVT-HMO-P-001-S (2017)	HyHMO	Platinum	Standard	Non-Subsidized	0.879	1.137	\$582.67	\$8.85	\$36.60	\$3.16	\$0.82	\$0.00	\$632.10	\$706.69	\$1,413.38	\$1,363.91	\$1,985.80	7.0%	7.0%	7.0%	7.0%
FRVT-HMO-G-001-S (2017)	HyHMO	Gold	Standard	Non-Subsidized	0.812	1.092	\$517.35	\$7.92	\$36.60	\$2.83	\$0.82	\$0.00	\$565.51	\$632.24	\$1,264.48	\$1,220.22	\$1,776.59	7.4%	7.4%	7.4%	7.4%
FRVT-HMO-G-002-N (2017)	HyHMO	Gold	Non-Standard	Non-Subsidized	0.797	1.080	\$502.08	\$7.70	\$36.60	\$2.75	\$0.82	\$0.07	\$550.02	\$614.92	\$1,229.84	\$1,186.80	\$1,727.93	7.0%	7.0%	7.0%	7.0%
FRVT-HMOH-G-003-N (2017)	HDHMO	Gold	Non-Standard	Non-Subsidized	0.736	1.051	\$451.18	\$6.97	\$36.60	\$2.49	\$0.82	\$0.07	\$498.13	\$556.91	\$1,113.82	\$1,074.84	\$1,564.92	9.1%	9.1%	9.1%	9.1%
FRVT-HMO-S-001-S (2017)	HyHMO	Silver	Standard	Non-Subsidized	0.727	1.044	\$442.70	\$6.85	\$36.60	\$2.45	\$0.82	\$0.00	\$489.41	\$547.16	\$1,094.32	\$1,056.02	\$1,537.52	10.9%	10.9%	10.9%	10.9%
FRVT-HMOH-S-001-S (2017)	HDHMO	Silver	Standard	Non-Subsidized	0.692	1.028	\$414.98	\$6.46	\$36.60	\$2.31	\$0.82	\$0.00	\$461.16	\$515.58	\$1,031.16	\$995.07	\$1,448.78	10.2%	10.2%	10.2%	10.2%
FRVT-HMO-S-001-N (2017)	HyHMO	Silver	Non-Standard	Non-Subsidized	0.664	1.020	\$395.19	\$6.17	\$36.60	\$2.21	\$0.82	\$0.07	\$441.06	\$493.11	\$986.22	\$951.70	\$1,385.64	3.5%	3.5%	3.5%	3.5%
FRVT-HMO-B-001-S (2017)	HMO	Bronze	Standard	Non-Subsidized	0.579	1.000	\$337.69	\$5.35	\$36.60	\$1.91	\$0.82	\$0.00	\$382.38	\$427.50	\$855.00	\$825.08	\$1,201.28	8.9%	8.9%	8.9%	8.9%
FRVT-HMOH-B-001-S (2017)	HDHMO	Bronze	Standard	Non-Subsidized	0.586	1.000	\$341.78	\$5.41	\$36.60	\$1.93	\$0.82	\$0.00	\$386.54	\$432.15	\$864.30	\$834.05	\$1,214.34	13.5%	13.5%	13.5%	13.5%
FRVT-HMO-B-001-N (2017)	HMO	Bronze	Non-Standard	Non-Subsidized	0.576	1.000	\$335.95	\$5.33	\$36.60	\$1.90	\$0.82	\$0.07	\$380.67	\$425.59	\$851.18	\$821.39	\$1,195.91	8.7%	8.7%	8.7%	8.7%
FRVT-HMO-C-001-N (2017)	HMO	Catastrophic	Standard	Non-Subsidized	0.575	0.642	\$215.19	\$3.61	\$36.60	\$1.29	\$0.82	\$0.00	\$257.50	\$287.89	\$575.78	\$555.63	\$808.97	9.0%	9.0%	9.0%	9.0%
FRVT-HMO-S1-001-S (2017)	HyHMO	Silver	Standard	Subsidized (73%)	0.727	1.044	\$442.70	\$6.85	\$36.60	\$2.45	\$0.82	\$0.00	\$489.41	\$547.16	\$1,094.32	\$1,056.02	\$1,537.52	10.9%	10.9%	10.9%	10.9%
FRVT-HMO-S1-002-S (2017)	HyHMO	Silver	Standard	Subsidized (87%)	0.727	1.044	\$442.70	\$6.85	\$36.60	\$2.45	\$0.82	\$0.00	\$489.41	\$547.16	\$1,094.32	\$1,056.02	\$1,537.52	10.9%	10.9%	10.9%	10.9%
FRVT-HMO-S1-003-S (2017)	HyHMO	Silver	Standard	Subsidized (94%)	0.727	1.044	\$442.70	\$6.85	\$36.60	\$2.45	\$0.82	\$0.00	\$489.41	\$547.16	\$1,094.32	\$1,056.02	\$1,537.52	10.9%	10.9%	10.9%	10.9%
FRVT-HMO-S1-004-S (2017)	HyHMO	Silver	Standard	Subsidized (77%)	0.727	1.044	\$442.70	\$6.85	\$36.60	\$2.45	\$0.82	\$0.00	\$489.41	\$547.16	\$1,094.32	\$1,056.02	\$1,537.52	10.9%	10.9%	10.9%	10.9%
FRVT-HMOH-S1-001-S (2017)	HDHMO	Silver	Standard	Subsidized (73%)	0.692	1.028	\$414.98	\$6.46	\$36.60	\$2.31	\$0.82	\$0.00	\$461.16	\$515.58	\$1,031.16	\$995.07	\$1,448.78	10.2%	10.2%	10.2%	10.2%
FRVT-HMOH-S1-002-S (2017)	HDHMO	Silver	Standard	Subsidized (87%)	0.692	1.028	\$414.98	\$6.46	\$36.60	\$2.31	\$0.82	\$0.00	\$461.16	\$515.58	\$1,031.16	\$995.07	\$1,448.78	10.2%	10.2%	10.2%	10.2%
FRVT-HMOH-S1-003-S (2017)	HDHMO	Silver	Standard	Subsidized (94%)	0.692	1.028	\$414.98	\$6.46	\$36.60	\$2.31	\$0.82	\$0.00	\$461.16	\$515.58	\$1,031.16	\$995.07	\$1,448.78	10.2%	10.2%	10.2%	10.2%
FRVT-HMOH-S1-004-S (2017)	HDHMO	Silver	Standard	Subsidized (77%)	0.692	1.028	\$414.98	\$6.46	\$36.60	\$2.31	\$0.82	\$0.00	\$461.16		\$1,031.16	\$995.07	\$1,448.78	10.2%	10.2%	10.2%	10.2%
FRVT-HMO-S1-001-N (2017)	HyHMO	Silver	Non-Standard	Subsidized (73%)	0.664	1.020	\$395.19	\$6.17	\$36.60	\$2.21	\$0.82	\$0.07	\$441.06	\$493.11	\$986.22	\$951.70	\$1,385.64	3.5%	3.5%	3.5%	3.5%
FRVT-HMO-S1-002-N (2017)	HyHMO	Silver	Non-Standard	Subsidized (87%)	0.664	1.020	\$395.19	\$6.17	\$36.60	\$2.21	\$0.82	\$0.07	\$441.06	\$493.11	\$986.22	\$951.70	\$1,385.64	3.5%	3.5%	3.5%	3.5%
FRVT-HMO-S1-003-N (2017)	HyHMO	Silver	Non-Standard	Subsidized (94%)	0.664	1.020	\$395.19	\$6.17	\$36.60	\$2.21	\$0.82	\$0.07	\$441.06	\$493.11	\$986.22	\$951.70	\$1,385.64	3.5%	3.5%	3.5%	3.5%
FRVT-HMO-S1-004-N (2017)	HyHMO	Silver	Non-Standard	Subsidized (77%)	0.664	1.020	\$395.19	\$6.17	\$36.60	\$2.21	\$0.82	\$0.07	\$441.06	\$493.11	\$986.22	\$951.70	\$1,385.64	3.5%	3.5%	3.5%	3.5%
FRVT-HMO-PA2-001-S (2017)	HyHMO	Platinum	Standard	AI/AN	0.879	1.137	\$582.67	\$8.85	\$36.60	\$3.16	\$0.82	\$0.00	\$632.10	\$706.69	\$1,413.38	\$1,363.91	\$1,985.80	7.0%	7.0%	7.0%	7.0%
FRVT-HMO-GA2-001-S (2017)		Gold	Standard	AI/AN	0.812	1.092	\$517.35	\$7.92	\$36.60	\$2.83	\$0.82	\$0.00	\$565.51		\$1,264.48	\$1,220.22	\$1,776.59	7.4%	7.4%	7.4%	7.4%
		Gold	Non-Standard	AI/AN	0.797	1.080	\$502.08	\$7.70	\$36.60	\$2.75	\$0.82	\$0.07	\$550.02		\$1,229.84	\$1,186.80	\$1,727.93	7.0%	7.0%	7.0%	7.0%
FRVT-HMOH-GA2-003-N (2017)	HDHMO	Gold	Non-Standard	AI/AN	0.736	1.051	\$451.18	\$6.97	\$36.60	\$2.49	\$0.82	\$0.07	\$498.13	\$556.91	\$1,113.82	\$1,074.84	\$1,564.92	9.1%	9.1%	9.1%	9.1%
FRVT-HMO-SA2-001-S (2017)		Silver	Standard	AI/AN	0.727	1.044	\$442.70	\$6.85	\$36.60	\$2.45	\$0.82	\$0.00	\$489.41	\$547.16	\$1,094.32	\$1,056.02	\$1,537.52	10.9%	10.9%	10.9%	10.9%
FRVT-HMOH-SA2-001-S (2017)	HDHMO	Silver	Standard	AI/AN	0.692	1.028	\$414.98	\$6.46	\$36.60	\$2.31	\$0.82	\$0.00	\$461.16	\$515.58	\$1,031.16	\$995.07	\$1,448.78	10.2%	10.2%	10.2%	10.2%
FRVT-HMO-SA2-001-N (2017)	HyHMO	Silver	Non-Standard	AI/AN	0.664	1.020	\$395.19	\$6.17	\$36.60	\$2.21	\$0.82	\$0.07	\$441.06	\$493.11	\$986.22	\$951.70	\$1,385.64	3.5%	3.5%	3.5%	3.5%
FRVT-HMO-BA2-001-S (2017)	HMO	Bronze	Standard	AI/AN	0.579	1.000	\$337.69	\$5.35	\$36.60	\$1.91	\$0.82	\$0.00	\$382.38	\$427.50	\$855.00	\$825.08	\$1,201.28	8.9%	8.9%	8.9%	8.9%
FRVT-HMOH-BA2-001-S (2017)	HDHMO	Bronze	Standard	AI/AN	0.585	1.000	\$341.19	\$5.40	\$36.60	\$1.93	\$0.82	\$0.00	\$385.95	\$431.49	\$862.98	\$832.78	\$1,212.49	13.3%	13.3%	13.3%	13.3%
FRVT-HMO-BA2-001-N (2017)	HMO	Bronze	Non-Standard	AI/AN	0.576	1.000	\$335.95	\$5.33	\$36.60	\$1.90	\$0.82	\$0.07	\$380.67	\$425.59	\$851.18	\$821.39	\$1,195.91	8.7%	8.7%	8.7%	8.7%
FRVT-HMO-BA1-001-S (2017)	HMO	Bronze	Standard	Al/AN, Subsidized	0.579	1.000	\$337.69	\$5.35	\$36.60	\$1.91	\$0.82	\$0.00	\$382.38	\$427.50	\$855.00	\$825.08	\$1,201.28	8.9%	8.9%	8.9%	8.9%
FRVT-HMO-BA1-001-N (2017)	HMO	Bronze	Non-Standard	Al/AN, Subsidized	0.576	1.000	\$335.95	\$5.33	\$36.60	\$1.90	\$0.82	\$0.07	\$380.67	\$425.59	\$851.18	\$821.39	\$1,195.91	8.7%	8.7%	8.7%	8.7%

The Induced Utilization Factor for the Catastrophic Plan includes an additional adjustment to reflect the population eligible to purchase the coplan. Support for this factor can be found in the Actuarial Memorance \*\*Reflects cost of Member Wellness Incentive Rider, Form FRVT-30\*\*\*\*Child Only Rate = Single Rate

Use Integrated Medical and Drug Deductible?		HSA/HRA Options				rrow Network O	ptions			
Apply Inpatient Copay per Day?		HSA/HRA Empl	oyer Contribution?		Blended Net	twork/POS Plan?				
Apply Skilled Nursing Facility Copay per Day?		Annual Contril	oution Amount:		1st	t Tier Utilization:				
Use Separate OOP Maximum for Medical and Drug Spending?		Allitual Colletii	Jution Amount.		2nd	d Tier Utilization:	:			
Indicate if Plan Meets CSR Standard?										
Desired Metal Tier	Bronze ▼			_						
	Tie	er 1 Plan Benefit De	sign		Tier	r 2 Plan Benefit I	Design			
	Medical	Drug	Combined		Medical	Drug	Combined			
Deductible (\$)	\$5,500.00	\$300.00								
Coinsurance (%, Insurer's Cost Share)	50.00%	40.00%								
OOP Maximum (\$)	\$7,1	50.00								
OOP Maximum if Separate (\$)			\$0.00							
Click Here for Important Instructions		Tie	or 1			т	ier 2		Tier 1	Tier 2
ance there for important matructions	Cubinet to			Conou if	Cubiost to		Coinsurance, if	Canau if	TICI I	TICI Z
Type of Benefit	Subject to Deductible?	Subject to Coinsurance?	Coinsurance, if different	Copay, if	Subject to Deductible?	Subject to Coinsurance?	different	Copay, if	Copay applies only	after deductible?
No. desail	✓ All	✓ All	airrerent	separate	✓ All	Coinsurance?  ✓ All	airrerent	separate	☐ All	☐ All
Medical		V All				✓ All				
imergency Room Services	✓ ✓				<ul><li>✓</li></ul>	✓ ✓				
All Inpatient Hospital Services (inc. MHSA)	<u> </u>									ш
rimary Care Visit to Treat an Injury or Illness (exc. Preventive, and X-rays)	V			\$40.00	V	V			☑	
pecialist Visit	✓			\$100.00	✓	✓			✓	
Mental/Behavioral Health and Substance Abuse Disorder Outpatient	_	_		\$40.00					_	_
ervices	V			\$40.00	V	✓			✓	
maging (CT/PET Scans, MRIs)	✓	✓			✓	✓				
Rehabilitative Speech Therapy	V	V			✓	✓				
Rehabilitative Occupational and Rehabilitative Physical Therapy	V	V			V	<b>v</b>				
Preventive Care/Screening/Immunization		П	100%	\$0.00	П	П	100%	\$0.00		
aboratory Outpatient and Professional Services				,	✓			,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		
(-rays and Diagnostic Imaging	V	V			✓	✓				
skilled Nursing Facility	✓	<b>Ø</b>			✓	✓				
Dutpatient Facility Fee (e.g., Ambulatory Surgery Center)	V	<b>7</b>			<b>V</b>	<b></b>				
Outpatient Surgery Physician/Surgical Services	<b>V</b>	<b>V</b>			<b>V</b>	✓				
Drugs	☑ All	☑ All			✓ All	✓ All			☐ All	☐ All
Senerics	<u> </u>			\$16.00	✓	✓			<u> </u>	
Preferred Brand Drugs				\$90.00	✓					
Non-Preferred Brand Drugs				φ30.00	✓					
pecialty Drugs (i.e. high-cost)					7					
Options for Additional Benefit Design Limits:			Plan Description:		_					
Set a Maximum on Specialty Rx Coinsurance Payments?	П	1	Name:	[Input Plan Name	al					
Specialty Rx Coinsurance Maximum:			Plan HIOS ID:	[Input Plan HIOS	=					
Set a Maximum Number of Days for Charging an IP Copay?	П	-	Issuer HIOS ID:	[Input Issuer HIO	=					
# Days (1-10):	_		issuel IIIOS ID.	imput issuer fillo	رم. ی					
Begin Primary Care Cost-Sharing After a Set Number of Visits?	П	+	Generic	\$20.00						
			VBID	\$3.00						
# Visits (1-10):  Begin Primary Care Deductible/Coinsurance After a Set Number of		-	עוםע	\$3.00						
Copays?	ш									
Copays:		1								

Facility

Surgery

60.43%

final AV

1.012

AV Adjust

2017 Bronze

Actuarial Value:

Metal Tier:

Status/Error Messages:

Output

# Copays (1-10):

Calculation Successful.

59.71%

Bronze

**User Inputs for Plan Parameters** 

### **User Inputs for Plan Parameters** 2017 Gold HDHP 2500 Use Integrated Medical and Drug Deductible? ✓ HSA/HRA Options **Narrow Network Options** Apply Inpatient Copay per Day? HSA/HRA Employer Contribution? Blended Network/POS Plan? Apply Skilled Nursing Facility Copay per Day? 1st Tier Utilization: Annual Contribution Amount: Use Separate OOP Maximum for Medical and Drug Spending? 2nd Tier Utilization: Indicate if Plan Meets CSR Standard? Desired Metal Tier Gold

	Tie	r 1 Plan Benefit Des	sign
	Medical	Drug	Combined
Deductible (\$)			\$2,500.00
Coinsurance (%, Insurer's Cost Share)			100.00%
OOP Maximum (\$)			\$2,500.00
OOP Maximum if Separate (\$)			

Tier 2 Plan Benefit Design											
Medical	Drug	Combined									

Click Here for Important Instructions		Tie	r 1			Ti	Tier 1	Tier 2		
Type of Benefit	Subject to Deductible?	Subject to Coinsurance?	Coinsurance, if different	Copay, if separate	Subject to Deductible?	Subject to Coinsurance?	Coinsurance, if different	Copay, if separate	Copay applies onl	y after deductible?
Medical	✓ All	✓ All			✓ All	✓ All			☐ All	☐ All
Emergency Room Services	✓	V			✓	V				
All Inpatient Hospital Services (inc. MHSA)	V	V			✓	✓				
Primary Care Visit to Treat an Injury or Illness (exc. Preventive, and X-rays)	Ø	Ø			V	V				
Specialist Visit	✓	V			✓	V				
Mental/Behavioral Health and Substance Abuse Disorder Outpatient Services	v	V			Ø	V				
Imaging (CT/PET Scans, MRIs)	✓	✓			✓	✓				
Rehabilitative Speech Therapy	☑	v			✓	V				
Rehabilitative Occupational and Rehabilitative Physical Therapy	Ø	Ø			V	<b>V</b>				
Preventive Care/Screening/Immunization			100%	\$0.00			100%	\$0.00		
Laboratory Outpatient and Professional Services	✓	Ø			✓	✓				
X-rays and Diagnostic Imaging	✓	<b>V</b>			✓	<b>V</b>				
Skilled Nursing Facility	N	✓			✓	✓				
Outpatient Facility Fee (e.g., Ambulatory Surgery Center)	v	V			✓	<b>V</b>				
Outpatient Surgery Physician/Surgical Services	V	<b>V</b>			V	<b>V</b>				
Drugs	☑ All	✓ All			✓ All	✓ All			□ All	☐ All
Generics	N	V	_		✓	V				
Preferred Brand Drugs	V	☑			✓	✓				
Non-Preferred Brand Drugs	✓	✓			✓	<b>V</b>				
Specialty Drugs (i.e. high-cost)	V	<b></b> ✓	-		<b>/</b>	<b>V</b>				

Final AV

AV Adjust

Options for Additional Benefit Design Limits:		Plan Description	:
Set a Maximum on Specialty Rx Coinsurance Payments?	· 🗆	Name:	[Input Plan Name]
Specialty Rx Coinsurance Maximum	:	Plan HIOS ID:	[Input Plan HIOS ID]
Set a Maximum Number of Days for Charging an IP Copay?	· 🗆	Issuer HIOS ID:	[Input Issuer HIOS ID
# Days (1-10)	:		
Begin Primary Care Cost-Sharing After a Set Number of Visits?	P 🗆	Generic	
# Visits (1-10)	:	VBID	
Begin Primary Care Deductible/Coinsurance After a Set Number of	f □		
Copays	?		
# Copays (1-10)	:	Facility	
Output		Surgery	
Status/Error Messages:	Calculation Successful.		
Actuarial Value:	78 19%	1 78 19	2/0

Gold

### **User Inputs for Plan Parameters** Gold Hybrid Use Integrated Medical and Drug Deductible? HSA/HRA Options **Narrow Network Options** Apply Inpatient Copay per Day? **HSA/HRA Employer Contribution?** Blended Network/POS Plan? Apply Skilled Nursing Facility Copay per Day? 1st Tier Utilization: **Annual Contribution Amount:** Use Separate OOP Maximum for Medical and Drug Spending? ☑ 2nd Tier Utilization: Indicate if Plan Meets CSR Standard? **Desired Metal Tier** Gold Tier 1 Plan Benefit Design Tier 2 Plan Benefit Design Medical Drug Combined Medical Drug Combined \$950.00 \$250.00 Deductible (\$) Coinsurance (%, Insurer's Cost Share) 80.00% 50.00% OOP Maximum (\$) OOP Maximum if Separate (\$) \$5,850.00 \$1,300.00 \$7,150.00 **Click Here for Important Instructions** Tier 1 Tier 2 Tier 1

Type of Benefit	Subject to Deductible?	Subject to Coinsurance?	Coinsurance, if different	Copay, if separate	Subject to Deductible?	Subject to Coinsurance?	Coinsurance, if different	Copay, if separate	Copay applies only	after deductible?
Medical	☑ All	☐ All			✓ All	✓ All			☐ All	☐ All
Emergency Room Services	✓			\$250.00	V	<b>V</b>			✓	
All Inpatient Hospital Services (inc. MHSA)	V	V			✓	✓				
Primary Care Visit to Treat an Injury or Illness (exc. Preventive, and X-rays)				\$15.00	V	<b>V</b>				
Specialist Visit				\$30.00	V	<b>V</b>				
Mental/Behavioral Health and Substance Abuse Disorder Outpatient Services				\$15.00	V	<b>V</b>				
Imaging (CT/PET Scans, MRIs)	V			\$400.00	✓	<b>V</b>			✓	
Rehabilitative Speech Therapy	V			\$30.00	✓	<b>V</b>			V	
Rehabilitative Occupational and Rehabilitative Physical Therapy	v			\$30.00	V	V			Ø	-
Preventive Care/Screening/Immunization			100%	\$0.00			100%	\$0.00		
Laboratory Outpatient and Professional Services	D			\$30.00	✓	✓			✓	
X-rays and Diagnostic Imaging	D			\$50.00	✓	V			✓	
Skilled Nursing Facility	V	✓			✓	✓				
Outpatient Facility Fee (e.g., Ambulatory Surgery Center)	V	V	89.13%		V	✓				
Outpatient Surgery Physician/Surgical Services	V	<b>V</b>	70.11%		<b>V</b>	<b>V</b>				
Drugs	☑ All	✓ All			✓ All	✓ All			☐ All	☐ All
Generics				\$4.00	✓	✓				
Preferred Brand Drugs	D			\$40.00	✓	✓			✓	
Non-Preferred Brand Drugs	N	✓			V	V				
Specialty Drugs (i.e. high-cost)	D	☑			V	✓				

Tier 2

**Options for Additional Benefit Design Limits:** Plan Description: Set a Maximum on Specialty Rx Coinsurance Payments? □ [Input Plan Name] Name: Specialty Rx Coinsurance Maximum: [Input Plan HIOS ID] Plan HIOS ID: Set a Maximum Number of Days for Charging an IP Copay? □ Issuer HIOS ID: [Input Issuer HIOS ID] # Days (1-10): Begin Primary Care Cost-Sharing After a Set Number of Visits? □ \$5.00 Generic VBID \$1.00 # Visits (1-10): Begin Primary Care Deductible/Coinsurance After a Set Number of  $\ \square$ Copays? # Copays (1-10): \$400.00 Facility Output Surgery \$200.00

Status/Error Messages: Actuarial Value: Error: Result is outside of +/- 2 percent de minimis variation.

User Inputs for Plan Parameters		Silver 73								
Use Integrated Medical and Drug Deductible?			<b>HSA/HRA Options</b>		Na	rrow Network Op	otions			
Apply Inpatient Copay per Day?	· 🗆	HSA/HRA Empl	oyer Contribution?		Blended Ne	twork/POS Plan?				
Apply Skilled Nursing Facility Copay per Day?	· 🗆	Annual Contrib	oution Amount:		1s	t Tier Utilization:				
Use Separate OOP Maximum for Medical and Drug Spending?	V	Allitual Contrib	Jution Amount.		2nd	d Tier Utilization:				
Indicate if Plan Meets CSR Standard?	'									
Desired Metal Tier	Silver -									
	Tie	er 1 Plan Benefit De	sign		Tie	r 2 Plan Benefit D	esign			
	Medical	Drug	Combined		Medical	Drug	Combined			
Deductible (\$)	\$900.00	\$300.00								
Coinsurance (%, Insurer's Cost Share)	50.00%	50.00%								
OOP Maximum (\$)										
OOP Maximum if Separate (\$)	\$4,500.00	\$1,200.00	\$5,700.00							
			_				•			
Click Here for Important Instructions		Tie	r 1			Tie	er 2		Tier 1	Tier 2
Type of Benefit	Subject to Deductible?	Subject to Coinsurance?	Coinsurance, if different	Copay, if separate	Subject to Deductible?	Subject to Coinsurance?	Coinsurance, if different	Copay, if separate	Copay applies onl	y after deductible
Medical	☑ All	□ All			✓ All	✓ All			□ All	☐ All
Emergency Room Services	<u> </u>			\$250.00	✓				✓	
All Inpatient Hospital Services (inc. MHSA)				Ψ230.00	✓					
	_	_			_				_	_
Primary Care Visit to Treat an Injury or Illness (exc. Preventive, and X-rays)				\$20.00	<b>V</b>	<b>V</b>				
Specialist Visit	V			\$60.00	✓	✓			✓	
Mental/Behavioral Health and Substance Abuse Disorder Outpatient				\$20.00	<b>✓</b>	<b></b>				
Services				·						
Imaging (CT/PET Scans, MRIs)	Ø			\$800.00	✓	✓			✓	
Rehabilitative Speech Therapy	V			\$60.00	✓	✓			✓	
Rehabilitative Occupational and Rehabilitative Physical Therapy	V			\$60.00	V	✓			✓	
Preventive Care/Screening/Immunization			100%	\$0.00			100%	\$0.00		
Laboratory Outpatient and Professional Services	✓			\$60.00	✓	<b></b> ✓		·	✓	
X-rays and Diagnostic Imaging	✓			\$100.00	✓	<b>V</b>			✓	
Skilled Nursing Facility	☑	<b>V</b>		,	✓	✓				
Outpatient Facility Fee (e.g., Ambulatory Surgery Center)	Ø.	Ø	61.95%		V	<b>V</b>				
Outpatient Surgery Physician/Surgical Services	Ø.		10.33%		✓	<b></b> ✓				
	☑ All	✓ All	10.55%		☑ All	✓ All			□ All	□ All
Drugs Generics	☑ All			\$12.00	✓ All					
Preferred Brand Drugs				Ş12.00	✓					
Non-Preferred Brand Drugs		<u> </u>			<u> </u>					
Specialty Drugs (i.e. high-cost)					<ul><li>✓</li></ul>					-
Options for Additional Benefit Design Limits:			Plan Description:		<u> </u>					
Set a Maximum on Specialty Rx Coinsurance Payments?		٦	Name:	[Input Plan Name	.1					
Specialty Rx Coinsurance Payments:  Specialty Rx Coinsurance Maximum:			Plan HIOS ID:	[Input Plan HIOS	-					
Set a Maximum Number of Days for Charging an IP Copay?			Issuer HIOS ID:	[Input Issuer HIO	-					
# Days (1-10):			issuel filos ib.	[IIIput Issuel Tilo	ر ما د					
Begin Primary Care Cost-Sharing After a Set Number of Visits?		-	Generic	\$15.00						
# Visits (1-10):			VBID	\$3.00						
Begin Primary Care Deductible/Coinsurance After a Set Number of	·	-	VBID	\$3.00						
Copays?										
# Copays (1-10):			Facility	\$1,400.00						
Output # Copays (1-10).	•	_	Surgery	\$600.00						
output			Jangery	<del> </del>						
Status/Error Messages:	CSR Level of 73%	(200-250% FPL), Cald	culation Successful							
Actuarial Value:	73.30%		73.30%							

Final AV

AV Adjust

Silver

User Inputs for Plan Parameters		Silver 77								
Use Integrated Medical and Drug Deductible?			<b>HSA/HRA Options</b>		Nar	row Network Op	otions			
Apply Inpatient Copay per Day?		HSA/HRA Empl	oyer Contribution?	<u> </u>		work/POS Plan?				
Apply Skilled Nursing Facility Copay per Day?		Annual Contrib	oution Amount:			Tier Utilization:				
Use Separate OOP Maximum for Medical and Drug Spending?	✓	7 mindar Contrib	oution / inount.		2nd	Tier Utilization:				
Indicate if Plan Meets CSR Standard?										
Desired Metal Tier	Gold ▼			7						
		r 1 Plan Benefit De	, -			2 Plan Benefit D	_			
	Medical	Drug	Combined		Medical	Drug	Combined			
Deductible (\$)	\$300.00	\$100.00								
Coinsurance (%, Insurer's Cost Share)	70.00%	60.00%								
OOP Maximum (\$)										
OOP Maximum if Separate (\$)	\$4,500.00	\$1,200.00	\$5,700.00							
Click Here for Important Instructions		Tie	or 1			Tio	er 2		Tier 1	Tier 2
enormer of important mor decions	Subject to	Subject to	Coinsurance, if	Copay, if	Subject to	Subject to	Coinsurance, if	Copay, if		
Type of Benefit	Deductible?	Coinsurance?	different	separate	Deductible?	Coinsurance?	different	separate	Copay applies only	/ after deductible
Medical	☑ All	□ All	different	зератите	✓ All	✓ All	different	зерагасе	☐ All	☐ All
Emergency Room Services	<u> </u>			\$100.00	☑	<u> </u>			☑	
All Inpatient Hospital Services (inc. MHSA)				\$100.00	✓					
All impatient hospital services (inc. WillsA)										
Primary Care Visit to Treat an Injury or Illness (exc. Preventive, and X-rays)				\$10.00	<b>✓</b>	<b>V</b>				
Specialist Visit	>			\$40.00	<b>V</b>	<b>V</b>			V	
Mental/Behavioral Health and Substance Abuse Disorder Outpatient Services				\$10.00	V	V				
Imaging (CT/PET Scans, MRIs)	v			\$500.00	V	✓			Ø	
Rehabilitative Speech Therapy	<u> </u>			\$40.00	✓					
				· · · · · · · · · · · · · · · · · · ·						
Rehabilitative Occupational and Rehabilitative Physical Therapy	V			\$40.00	<b>V</b>	V			Ø.	
Preventive Care/Screening/Immunization			100%	\$0.00			100%	\$0.00		
Laboratory Outpatient and Professional Services	V			\$40.00	✓	✓			☑	
X-rays and Diagnostic Imaging	N			\$100.00	V	V			✓	
Skilled Nursing Facility	V	V			✓	✓				
Outpatient Facility Fee (e.g., Ambulatory Surgery Center)	v	V	78.26%		V	V				
Outpatient Surgery Physician/Surgical Services	V	<b>V</b>	40.22%		✓	<b>V</b>				
Drugs	☑ All	✓ All	10127		✓ All	✓ All			□ All	☐ All
Generics	✓			\$10.00	✓	<b>V</b>			Ø	
Preferred Brand Drugs	V	✓			✓	✓				
Non-Preferred Brand Drugs	V	V			✓	<b>V</b>				
Specialty Drugs (i.e. high-cost)	V	V			✓	✓				
Options for Additional Benefit Design Limits:			Plan Description:							
Set a Maximum on Specialty Rx Coinsurance Payments?			Name:	[Input Plan Name	<u>e</u> ]					
Specialty Rx Coinsurance Maximum:			Plan HIOS ID:	[Input Plan HIOS	ID]					
Set a Maximum Number of Days for Charging an IP Copay?			Issuer HIOS ID:	[Input Issuer HIO:	S ID]					
# Days (1-10):										
Begin Primary Care Cost-Sharing After a Set Number of Visits?			Generic	\$12.00						
# Visits (1-10):			VBID	\$3.00						
Begin Primary Care Deductible/Coinsurance After a Set Number of										
Copays?										
# Copays (1-10):		J	Facility	\$800.00						
Output			Surgery	\$400.00						
Status/Error Messages:	Error: Result is out	side of +/- 2 percer	nt de minimis variat	tion.						

76.89%

Final AV

AV Adjust

76.89%

Actuarial Value:

User Inputs for Plan Parameters		Silver 87								
Use Integrated Medical and Drug Deductible?			HSA/HRA Options		Naı	row Network Op	tions			
Apply Inpatient Copay per Day?		HSA/HRA Empl	oyer Contribution?	? 🗆	Blended Net	work/POS Plan?				
Apply Skilled Nursing Facility Copay per Day?		Annual Contrib	oution Amount:		1s <sup>-</sup>	Tier Utilization:				
Use Separate OOP Maximum for Medical and Drug Spending?	✓	Allitual Colletti	dution Amount.		2nd	Tier Utilization:				
Indicate if Plan Meets CSR Standard?	_ ☑									
Desired Metal Tier	Gold ▼			_						
	Tie	er 1 Plan Benefit De	sign		Tie	2 Plan Benefit D	esign			
	Medical	Drug	Combined	1 [	Medical	Drug	Combined			
Deductible (\$)	\$60.00	\$50.00		I [						
Coinsurance (%, Insurer's Cost Share)	90.00%	60.00%								
OOP Maximum (\$)				1 [						
OOP Maximum if Separate (\$)	\$1,900.00	\$450.00	\$2,350.00	_						
Click Here for Important Instructions		Tie	ır 1			Ti	er 2		Tier 1	Tier 2
Chek Here for important instructions	Subject to	Subject to	Coinsurance, if	Copay, if	Subject to	Subject to	Coinsurance, if	Copay, if	TICL 1	110.12
Type of Benefit	Deductible?	Coinsurance?	different	separate	Deductible?	Coinsurance?	different	separate	Copay applies only	after deductible
Medical	✓ All	□ All	different	separate	✓ All	✓ All	unierent	зерагасе	☐ All	☐ All
Emergency Room Services	<u> </u>			\$100.00	✓ All	<u> </u>				
All Inpatient Hospital Services (inc. MHSA)	⊍	□		\$100.00	<u> </u>					
All ilipatient nospital services (ilic. Minsa)	V				<u> </u>				-	
Primary Care Visit to Treat an Injury or Illness (exc. Preventive, and X-rays)				\$5.00	V	<b></b> ✓				
Specialist Visit	✓			\$30.00	V	<b>V</b>			✓	
Mental/Behavioral Health and Substance Abuse Disorder Outpatient				\$5.00						
Services				\$5.00	>	V				
Imaging (CT/PET Scans, MRIs)	✓			\$200.00	V	V			✓	
Rehabilitative Speech Therapy	V			\$30.00	>	<b>V</b>			V	
Rehabilitative Occupational and Rehabilitative Physical Therapy	V			\$30.00	<b></b>	V			☑	
Preventive Care/Screening/Immunization	П	П	100%	\$0.00			100%	\$0.00		
Laboratory Outpatient and Professional Services			10070	\$30.00	✓		10070	\$0.00	☑	
X-rays and Diagnostic Imaging				\$100.00	<u></u>			_		
Skilled Nursing Facility				Ş100.00						
Skilled Harsing Facility										
Outpatient Facility Fee (e.g., Ambulatory Surgery Center)	Ø	✓	89.13%		<b>✓</b>	✓				
Outpatient Surgery Physician/Surgical Services	<b>V</b>	<b>V</b>	70.11%		<b>V</b>	<b>V</b>				
Drugs	☑ All	✓ All	10121		✓ All	✓ All			□ All	☐ All
Generics	<b></b>			\$8.00	V	✓			<b></b>	
Preferred Brand Drugs	✓	<b>V</b>	80%	,	✓	✓				
Non-Preferred Brand Drugs	✓	✓	_		✓	✓				
Specialty Drugs (i.e. high-cost)	<b>V</b>	✓			✓	<b>✓</b>				
Options for Additional Benefit Design Limits:			Plan Description:							
Set a Maximum on Specialty Rx Coinsurance Payments?		7	Name:	[Input Plan Name	1					
Specialty Rx Coinsurance Maximum:			Plan HIOS ID:	[Input Plan HIOS I	=					
Set a Maximum Number of Days for Charging an IP Copay?		1	Issuer HIOS ID:	[Input Issuer HIOS	SID]					
# Days (1-10):										
Begin Primary Care Cost-Sharing After a Set Number of Visits?		1	Generic	\$10.00						
# Visits (1-10):			VBID	\$3.00						
Begin Primary Care Deductible/Coinsurance After a Set Number of		1								
Copays?										
# Copays (1-10):			Facility	\$400.00						
Output		<del>_</del>	Surgery	\$200.00						

CSR Level of 87% (150-200% FPL), Calculation Successful.

AV Adjust

Final AV

87.55%

Gold

Actuarial Value:

Metal Tier:

Status/Error Messages:

User Inputs for Plan Parameters		Silver 94								
Use Integrated Medical and Drug Deductible?			<b>HSA/HRA Options</b>		Nai	row Network Op	tions			
Apply Inpatient Copay per Day?		HSA/HRA Empl	loyer Contribution?	<u> </u>	Blended Net	twork/POS Plan?				
Apply Skilled Nursing Facility Copay per Day?		Annual Contril	bution Amount:			t Tier Utilization:				
Use Separate OOP Maximum for Medical and Drug Spending?	☑	7 militar Contin	oution / iniount.		2nd	Tier Utilization:				
Indicate if Plan Meets CSR Standard?										
Desired Metal Tier	Platinum 🔻			1						
		er 1 Plan Benefit De				2 Plan Benefit D				
	Medical	Drug	Combined		Medical	Drug	Combined			
Deductible (\$)	\$0.00	\$0.00								
Coinsurance (%, Insurer's Cost Share)	95.00%	90.00%								
OOP Maximum (\$)		4	40.000							
OOP Maximum if Separate (\$)	\$1,900.00	\$450.00	\$2,350.00							
Click Here for Important Instructions		Tie	nr 1		1	Tic	er 2		Tier 1	Tier 2
<u>Click here for important instructions</u>	0 100 110				6 12			0	Her 1	Her Z
Type of Benefit	Subject to	Subject to	Coinsurance, if	Copay, if	Subject to	Subject to	Coinsurance, if	Copay, if	Copay applies only	after deductible
Market I	Deductible?  ☑ All	Coinsurance?	different	separate	Deductible?	Coinsurance?	different	separate	□ All	☐ All
Medical Emergency Room Services	<u> </u>			\$50.00	V All	V All			<u> </u>	
•				\$50.00	✓	<u> </u>				
All Inpatient Hospital Services (inc. MHSA)	VI				V					
Primary Care Visit to Treat an Injury or Illness (exc. Preventive, and X-rays)				\$5.00	✓	✓				
Specialist Visit	V			\$10.00	✓	✓			V	
Mental/Behavioral Health and Substance Abuse Disorder Outpatient	_	_		\$5.00						
Services				\$5.00	✓	<b>V</b>				
Imaging (CT/PET Scans, MRIs)	✓			\$50.00	✓	✓			<b>V</b>	
Rehabilitative Speech Therapy	<b>V</b>			\$10.00	✓	<b>V</b>			Ø	
Rehabilitative Occupational and Rehabilitative Physical Therapy	V			\$10.00	V	<b></b> ✓			<b></b> ✓	
Preventive Care/Screening/Immunization		П	100%	\$0.00		П	100%	\$0.00		
Laboratory Outpatient and Professional Services	<u> </u>		100/0	\$10.00	✓	<u> </u>	20070	Ψ0.00	Ø	
X-rays and Diagnostic Imaging	<b></b> ✓			\$10.00	✓	✓			<b></b> ✓	
Skilled Nursing Facility	<b></b>	<b>V</b>			✓	✓				
Outpatient Facility Fee (e.g., Ambulatory Surgery Center)	<b>V</b>	<b>V</b>	97.28%		V	<b>V</b>				
Outpatient Courses, Plansisian / Coursing Coursing	V	<b>V</b>	88.79%		<b>V</b>	<b>✓</b>				
Outpatient Surgery Physician/Surgical Services  Drugs	☑ All	☑ All	00.79%		✓ All	✓ All			□ All	☐ All
Generics Diags	<u> </u>			\$4.00	✓ 🗸	<u> </u>			☑	
Preferred Brand Drugs				Ş4.00	✓					
Non-Preferred Brand Drugs		<u>□</u>			✓					
Specialty Drugs (i.e. high-cost)					✓					
Options for Additional Benefit Design Limits:			Plan Description:		_					
Set a Maximum on Specialty Rx Coinsurance Payments?		1	Name:	[Input Plan Name	-1					
Specialty Rx Coinsurance Maximum:			Plan HIOS ID:	[Input Plan HIOS	-					
Set a Maximum Number of Days for Charging an IP Copay?		1	Issuer HIOS ID:	[Input Issuer HIO	-					
# Days (1-10):				- '	-					
Begin Primary Care Cost-Sharing After a Set Number of Visits?		1	Generic	\$5.00						
# Visits (1-10):			VBID	\$1.00						
Begin Primary Care Deductible/Coinsurance After a Set Number of		1								
Copays?										
# Copays (1-10):			Facility	\$100.00						
Output		_	Surgery	\$75.00						
Status/Error Messages:	CSR Level of 94%	(100-150% FPL), Cal	culation Successful.							

94.48%

Final AV

AV Adjust

94.48%

Platinum

Actuarial Value:

Use Integrated Medical and Drug Deductible?			<b>HSA/HRA Options</b>		Nar	row Network Op	otions			
Apply Inpatient Copay per Day?		HSA/HRA Empl	oyer Contribution?		Blended Net	work/POS Plan?				
Apply Skilled Nursing Facility Copay per Day?		Annual Contrib	aution Amounts		1st	Tier Utilization:				
Use Separate OOP Maximum for Medical and Drug Spending?	✓	Annual Contri	oution Amount:		2nd	l Tier Utilization:				
Indicate if Plan Meets CSR Standard?										
Desired Metal Tier	Silver									
	Tier	1 Plan Benefit De	sign		Tier	2 Plan Benefit D	esign			
	Medical	Drug	Combined	1	Medical	Drug	Combined			
Deductible (\$)	\$1,800.00	\$500.00		] [						
Coinsurance (%, Insurer's Cost Share)	50.00%	50.00%								
OOP Maximum (\$)				] [						
OOP Maximum if Separate (\$)	\$5,850.00	\$1,300.00	\$7,150.00	_						
			_	•			•			
Click Here for Important Instructions		Tie	r 1			Ti	er 2		Tier 1	Tier 2
T and David	Subject to	Subject to	Coinsurance, if	Copay, if	Subject to	Subject to	Coinsurance, if	Copay, if	Conou annline only	, often deductible
Type of Benefit	Deductible?	Coinsurance?	different	separate	Deductible?	Coinsurance?	different	separate	Copay applies only	after deductible
Medical	✓ All	☐ All			✓ All	✓ All			☐ All	☐ All
Emergency Room Services	✓			\$250.00	V	V			✓	
All Inpatient Hospital Services (inc. MHSA)	☑	✓		·	✓	✓				
Primary Care Visit to Treat an Injury or Illness (exc. Preventive, and X-rays)				\$25.00	V	<b>Ø</b>				
Specialist Visit	✓			\$60.00	✓	✓				
Mental/Behavioral Health and Substance Abuse Disorder Outpatient				\$60.00		<u> </u>				
· ·				\$25.00	V	V				
Services Imaging (CT/PET Scans, MRIs)	<b></b>			\$1,400.00	<b>Ø</b>	✓			☑	
Rehabilitative Speech Therapy	☑			\$60.00	<u>□</u>					
Renabilitative Speech Therapy	V			\$60.00	V	<u>V</u>				
Rehabilitative Occupational and Rehabilitative Physical Therapy	V			\$60.00	V	<b>V</b>			✓	
Preventive Care/Screening/Immunization			100%	\$0.00			100%	\$0.00		
Laboratory Outpatient and Professional Services	✓			\$60.00	✓	✓			✓	
X-rays and Diagnostic Imaging	V			\$100.00	V	V			✓	
Skilled Nursing Facility	☑	✓			✓	✓				
Outpatient Facility Fee (e.g., Ambulatory Surgery Center)	V	V	61.95%		V	<b>V</b>				
Outrotiont Courses Blancision / Coursing Coursing	<b></b> ✓	<b>V</b>	10.220/		Ø.	<b>v</b>				
Outpatient Surgery Physician/Surgical Services	☑ All	☑ All	10.33%		☑ All	✓ All			□ All	☐ All
Drugs Generics	✓ All			\$12.00	☑ All	✓ All				
Preferred Brand Drugs				\$12.00	<u> </u>					
· · · · · · · · · · · · · · · · · · ·	<ul><li>✓</li></ul>	<u> </u>			✓					
Non-Preferred Brand Drugs  Specialty Drugs (i.e. bigh cost)	✓				✓	✓ ✓				
Specialty Drugs (i.e. high-cost)	<u>v</u>	Į v	Dian Dannintian			U				<u> </u>
Options for Additional Benefit Design Limits:	_		Plan Description:	floor to Discovering	1					
Set a Maximum on Specialty Rx Coinsurance Payments?			Name:	[Input Plan Name	-					
Specialty Rx Coinsurance Maximum:			Plan HIOS ID:	[Input Plan HIOS I	-					
Set a Maximum Number of Days for Charging an IP Copay?	Ц		Issuer HIOS ID:	[Input Issuer HIOS	ן טו					
# Days (1-10):				445.00						
Begin Primary Care Cost-Sharing After a Set Number of Visits?			Generic	\$15.00						
# Visits (1-10):			VBID	\$3.00						
Begin Primary Care Deductible/Coinsurance After a Set Number of										
Copays?			Facility.	Ć4 400 CO						
# Copays (1-10):			Facility	\$1,400.00						
Output			Surgery	\$600.00						
Status/Error Messages:	Calculation Success	ful.								
Actuarial Value:	69.09%	1	69.09%							
Metal Tier:	Silver	AV Adjust								

**User Inputs for Plan Parameters** 



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May 9, 2016

Mr. Dana Houlihan Director, Enrollment Policy & Plan Management VT Health Connect Department of Vermont Health Access Via Email Only

# RE: State of Vermont Actuarial Value Certification for 2017 Standard Plan Designs

### Dear Dana:

This memo replaces an earlier version provided on February 29, 2016. The Internal Revenue Code for 2017 per § 223(c)(2)(A), released on May 3, 2016, stated that the individual maximum out of pocket (MOOP) limit for High Deductible Health Plans (HDHP) would remain unchanged from the 2016 limit at \$6,550. The prior memo included two bronze HSA plans with a MOOP of \$6,600, which was estimated based on the historical increase in the IRS limit over the last several years as the limit had not yet been released. This iteration of the memo updates these plans to have a MOOP equal to the IRS limit of \$6,550. In order to maintain compliance with the bronze metal tier, the deductible on both of these plans has been increased \$50.

The Affordable Care Act requires that health care coverage provided by issuers to non-grandfathered individual and small groups must cover all Essential Health Benefits (EHBs) and have Actuarial Values (AVs) that fall under the Platinum (90% AV), Gold (80% AV), Silver (70% AV) or Bronze (60% AV) tiers. The ACA allows for a 2% de minimis range around these target AVs. For example, any plan design that has an AV from 68-72%, would be considered a Silver plan. The Center for Consumer Information and Insurance Oversight (CCIIO) recently released the final 2017 Actuarial Value Calculator (AVC)<sup>1</sup> that issuers must use to determine the AV of a plan. While CCIIO anticipates that most plans will be able to use the AVC without modification, some plan designs will have features which are not supported by the AVC. In these instances, an actuary can either modify the inputs to most closely represent the plan design or an actuary can modify the results of the AVC to account for the features not supported by the AVC. An actuarial certification documenting the development of the AV for these plan designs is required.

The State of Vermont (State) is standardizing several plan designs that all issuers offering plans in the exchange, Vermont Health Connect, must offer. Issuers must offer the standard plan designs in the individual and small group merged market. One Platinum, one Gold, two Silver and two Bronze standard plan designs were developed for Vermont Health Connect. There is a traditional deductible plan at each of the four metal levels and a High Deductible Health Plan (HDHP) at each of the Silver and Bronze levels. For each of the Silver standard plan designs, the cost sharing reduction plan designs are also standard. Cost sharing reduction plan (CSR) designs were developed at each of the 73% (federal), 77% (Vermont specific), 87% (federal) and 94% (federal) AV levels.

<sup>&</sup>lt;sup>1</sup> http://www.cms.gov/CCIIO/Resources/Regulations-and-Guidance/index.html

The State contracted with Wakely Consulting Group, Inc. (Wakely) to assist in the development of the standard plan designs. A list of the changes from the 2016 standard plan designs is in Appendix B. At a high level the changes for each base standard plan are:

- Platinum changes made to the medical deductible, medical MOOP, drug MOOP, specialist copay, and preferred brand drug copay
- Gold changes made to the medical deductible, drug deductible, medical MOOP, drug MOOP, specialist copay, and preferred brand drug copay
- Silver Deductible changes made to the medical deductible, medical MOOP, drug MOOP, integrating the medical MOOP to a combined medical and drug MOOP, and specialist copay
- Bronze Deductible changes made to the medical deductible, drug deductible, combined medical/drug MOOP, drug MOOP, and specialist and preferred brand copays
- Silver HDHP changes made to the medical deductible and combined medical/drug MOOP
- Bronze HDHP changes made to the medical deductible and combined medical/drug MOOP

For the Silver and Bronze HDHP plans, there are two options from which the issuers may choose one at each level, consistent with the 2016 standard plan designs. Beginning in 2016, the regulations<sup>2</sup> require that all individuals, even those in non-self only contracts, have an out of pocket limit no more than the single limit (\$6,850 in 2016 and \$7,150 in 2017). This impacts HDHPs where the aggregate MOOP application could require an individual to have out of pocket costs higher than the individual limit. Compliance with this regulation can be done by adjusting the family MOOP in two ways. The first option has an aggregate family medical MOOP with an embedded \$7,150 individual maximum. The second option has a stacked family medical MOOP. Both options comply with the federal regulations on individual maximum out of pocket costs. Since the first option has operational challenges, the issuers are allowed to choose one from either Option for the HDHP standard plans.

In addition to the standard plans, starting in 2016 the State of Vermont is requesting that issuers offer a Gold plan where the deductible and MOOP are set at the same amount. This means that once the deductible is met, the plan pays 100% of all services. Unlike the standard plans, it is not required that issuers offer this plan, but it is highly recommended. The issuer may determine the amount at which to set the deductible and MOOP, as long as they are equal and the resulting plan falls in the Gold tier. Since the amounts are to be determined by the issuers, these plans are not included within this memo.

Four of the standard plan designs (and the cost sharing reduction plan designs) have features not supported by the AVC and thus an actuarial certification is required. The remaining standard plan designs have features that may warrant an AV adjustment but no explicit adjustment or actuarial certification has been done for these plans. In developing these standard plan designs and the resulting actuarial certification, Wakely also followed applicable Actuarial Standards of Practice (ASOP) as detailed in Appendix C and including:

- ASOP No. 23 Data Quality;
- ASOP No. 25 Credibility Procedures; and
- ASOP No. 41 Actuarial Communications.
- ASOP No. 50 Determining Minimum Value and Actuarial Value under the Affordable Care Act

<sup>&</sup>lt;sup>2</sup> http://www.gpo.gov/fdsys/pkg/FR-2015-02-27/pdf/2015-03751.pdf



### **EXECUTIVE SUMMARY**

A summary of Vermont's standard plan designs is in Appendix D. The Silver HDHP and both Bronze plans have design features that are both significant and not supported by the AVC. The Silver HDHP cost sharing reduction plan designs have similar features. The issuers that opt to offer pediatric dental would also have design features that could be significant and not supported by the AVC. While most plans have some subtleties in their design that are not supported by the AVC, CCIIO has stated and regulations dictate that modifications should be made only for substantial differences. The four potential substantial differences that Wakely considered include:

- 1. Family deductible and Maximum Out of Pockets (MOOPs). There are two common types of applications for deductibles and MOOPs, commonly referred to in Vermont as stacked and aggregate<sup>3</sup>. The data supporting the AVC is only at the member level, and thus most closely resembles the stacked application of deductibles and MOOPs. Most HDHP plans use the aggregate application of deductible and MOOPs which can significantly lower the AV since a family of two would need to accumulate to a deductible that is twice that of a single contract. Note that due to the new regulation in 2016, if the family MOOP is more than the single limit of \$7,150, the MOOP must either be stacked or there must be an embedded individual MOOP of \$7,150. Wakely had previously developed a model to account for aggregate family deductibles and has modified this model to account for stacked and embedded MOOPs for HDHPs. Thus, a specific adjustment has been made to the appropriate AVs for HDHPs.
- 2. Vermont implemented a statute (H.559 Sec. 32. 8 V.S.A. § 4089) for prescription drug deductibles and MOOPs. The requirement mandates, in part, that the MOOP for prescription drug costs in any plan design shall not exceed the minimum deductible amount for HDHPs per Section 223(c)(2)(A)(i) of the Internal Revenue Code of 1986 (\$1,300 and \$2,600 for individual and family coverage in 2017). The requirement also states that for HDHPs the cost sharing benefit for prescription drugs must start after the minimum deductible amount for HDHPs (same \$1,300 and \$2,600 for individuals and family coverage) is met, but the amount may be met with either medical or prescription drug claims. This means that for all HDHPs, for purposes of prescription drug coverage, the deductible is considered met when accumulated medical and drug claims reach \$1,300 for individual or \$2,600 for family, regardless of what the medical deductible amount is. Similarly, the MOOP for only drug claims (including amounts used to accumulate to the deductible) is \$1,300 or \$2,600, regardless of the amount of the overall MOOP which will include both drug and medical claims.

Since for an integrated deductible and MOOP, only one amount is able to be input in the AVC, the value of the lower drug deductible and MOOP cannot be modeled in the AVC. This statute has a

Aggregate deductible and MOOPs are typical in HDHPs where all claims for all members of a non-single contract accumulate to the family deductible and MOOP. For two person or family contracts where only one member has significant claims, the member still must reach the higher deductible and MOOP amounts which makes the average member liability higher under an aggregate deductible.



<sup>&</sup>lt;sup>3</sup> Stacked deductibles and MOOPs are typical in traditional deductible plans where the individual deductible and MOOP apply to each member of a contract and the family deductible and MOOP is used as a protection for contracts where multiple members have claims. For example, if the family MOOP is two times the individual MOOP but three members of a contract all would have reached their individual MOOP, it limits the family's liability to two times the individual MOOP.

significant impact on AV, particularly at the lower AV tiers where the difference between the medical and prescription drug deductible and MOOP is greater. Wakely had previously developed a model to account for Vermont's prescription drug regulation and thus, where appropriate, a specific adjustment has been made to the AVs using this model.

- 3. In the current market, most Vermont HDHPs waive the deductible for preventive prescription drugs. This is another plan feature not currently supported by the AVC. Wakely has not analyzed the exact portion of drugs this represents and this may vary by issuer. The impact to AV would only apply to drug costs that would normally be incurred prior to the member reaching the deductible. Any costs after the deductible is met and after the MOOP is met would be similar to the AVC. It is possible that this design feature could have a significant impact on the AV. However the impact of this benefit is likely not enough to warrant an additional analysis. Based on some high level estimates, Wakely believes the maximum impact to AV for this design feature is approximately 0.5% with the likely expected impact to be half of that. Since Wakely did not quantify the exact adjustment of the preventive drug difference for HDHPs, Wakely did not make a specific adjustment but did make sure that any AVs developed for HDHPs were at least 0.5% below the high end of the de minimis range in order to account for this increased benefit. It is expected that the impact for these drugs would be highest for the bronze plan where the deductible is highest and the impact would decrease as deductibles decrease (and AVs increase).
- 4. If a plan covers pediatric dental, starting in 2015 there can be no cost sharing for Class I (basic) pediatric oral health essential health benefits. Appendix E contains a list of the dental procedure codes that are classified as Class I and have no cost sharing. Pediatric dental is not explicitly reflected in the federal AVC. It is included as part of the "other" benefits which are assumed to have average cost sharing for the plan. The reduction in cost sharing for the Class I benefits will result in a higher AV than what is modeled in the AVC, particularly for the higher deductible plans. It is possible that this design feature could have a significant impact on the AV. Based on some high level estimates, Wakely believes the maximum impact to AV for this design feature is approximately 0.5%. Since this adjustment may apply to some issuers and not to others, Wakely did not make a specific adjustment but did make sure that any AVs developed were at least 0.5% below the high end of the de minimis range in order to account for this benefit. It is expected that the impact for these dental services would be highest for the bronze plan where the deductible is highest and the impact would decrease as deductibles decrease (and AVs increase).

There are other potential design features for which adjustments could be made. However, given the expectation that adjustments be made for only the most substantive deviations, Wakely does not believe additional adjustments are warranted. It is also important to note that the bucketing of claims and the methodology used to calculate the AVC are not always clearly defined. Thus, at times it is difficult to ascertain whether an adjustment is warranted and how that adjustment would be estimated.

As stated, Wakely made explicit adjustments to account for the aggregate family deductible/MOOP and Vermont's prescription drug regulation. These adjustments are described in detail in the Methodology section. For the preventive prescription drug and pediatric dental benefits, Wakely did not make an explicit adjustment but did allow room in the AV such that an increase of up to 0.5% would not result in the AV falling outside of the required range.

The table in Appendix F shows all plan designs for which adjustments were made, the adjustments considered, the original AV from the AVC, and the final adjusted AV. The pediatric dental consideration may also apply to the Platinum, Gold and Silver Deductible and CSR plans when issuers include the benefit but no explicit adjustment was made since coverage of the pediatric dental benefit is optional and the impact to higher AV plans is less significant.



### METHODOLOGY

Since several of the standard plan designs have features not supported by the AVC, Wakely developed an HDHP model to capture the impact of these features on the AV. It was anticipated that the AVC would not accommodate all of the Vermont plan design features and this model was developed several months prior to the draft 2014 AVC being released. While there are similarities in the data used (for example, only group data is included in both models), there are also differences (for example, the HDHP model includes all members regardless of duration while the AVC includes only members who are enrolled the full 12 months).

If a plan does have substantive differences from what the AVC allows, there are two allowed approaches defined in the federal regulations. The first allows the actuary to adjust the inputs of the plan design to "fit" it into the AVC. The second allows the actuary to put in as many of the design features as possible into the AVC and then adjust the resulting AV to account for the unique design features. Wakely determined the second approach was most appropriate for the Vermont plan design differences. Thus for the plan designs where adjustments were made, Wakely first input as much of the plan design as possible into the AVC and then modified the resulting AV to account for the unique features.

The following discusses the HDHP model that Wakely developed and the process used to adjust the actuarial values from the AVC.

### **HDHP Model**

Anticipating the need to quantify some of Vermont's unique plan design features, in mid-2012 Wakely developed an HDHP model that would account for both aggregate deductibles and MOOPs as well as quantify the impact of Vermont's prescription drug regulation. For the 2016 AV adjustments, this model was updated with more recent data and an option was added to account for embedded/stacked MOOPs.

In developing the model Wakely was provided with membership and medical and pharmacy claims data extracts from the Vermont Healthcare Claims Uniform Reporting and Evaluation System (VHCURES). Filters were then applied to the data to target a specific population for the model and reduce the amount of records to work with. The data used included:

- Allowed commercial medical and prescription drug data that was incurred in 2012
- Products types HMO (non-Medicare risk), PPO, POS and EPO
- Used claims with a Useflag='0'
- All market categories except individual
- Limited to members in select payer ids

After all filters were applied, the remaining data included allowed claims and membership for approximately 2.3 million member months.

The methodology developed for the HDHP model does not use the traditional approach of continuance tables. When determining the paid claims and resulting actuarial value of the plan designs where the prescription drug regulation is a factor, the order in which the claims occur is important. Continuance tables fail to recognize the impact of the order of the claims on actuarial values. Thus, the HDHP model re-prices the claims based on the inputs provided in the model rather than rely on continuance tables.



The HDHP model allows a user to enter the following:

- Medical and Prescription drug deductible amounts for both individual and family contracts. These
  amounts can differ but the model assumes the amounts are always integrated, or that both medical
  and drug claims will accumulate to both deductibles, even if different amounts.
- Medical and prescription drug maximum out of pocket amounts for both individual and family contracts. These amounts can differ and the model allows for different treatment of the MOOPs as noted below.
- Medical and prescription drug coinsurance amounts. If the plan design includes copays, an effective coinsurance needs to be input.
- The structure of the deductibles and MOOPs. As can be seen in the table below, the model can distinguish between aggregate and stacked deductibles and MOOPs. It also allows for different accumulations of claims to the medical and prescription drug MOOPs. There are six structural selections available in the model, described in the table below. Option 5 is most closely aligned to the federal AVC. Option 6 represents the design of the Vermont HDHPs. This changed from Option 1 due to the new federal regulations in 2016.

		Costs that Accumula		
		Maximum Out-of	-Pocket (MOOP)	
Options	Deductible	Medical	Rx	Deductible / MOOP Type
1	Medical & Rx	Medical & Rx	Rx Only	Aggregate
2	Medical & Rx	Medical & Rx	Rx Only	Stacked
3	Medical & Rx	Medical Only	Rx Only	Aggregate
4	Medical & Rx	Medical Only	Rx Only	Stacked
5	Medical & Rx	Medical & Rx	Medical & Rx	Stacked
6	Medical & Rx	Medical & Rx	Rx Only	Aggregate Deductible /Aggregate MOOP with Embedded Ind MOOP (can also be used for Stacked MOOP)

# **Adjusted AV Calculations**

Using the federal AV calculator and the HDHP model as outlined above, the following methodology was used to develop the adjusted AV calculations for the HDHPs:

- 1. The plan designs were entered into the AVC ignoring the separate prescription drug deductible and MOOP thresholds. The resulting AV is the unadjusted value, which does not account for the prescription drug regulations or the aggregate family deductible and MOOP levels.
- 2. The HDHP model was used to determine the revised AV.
  - a. The same plan design input into the AVC was input into the HDHP model. The HDHP model only allows for coinsurance. Since the HDHP designs include copays, an effective coinsurance was developed for each plan design. The effective coinsurance amounts were developed separately for medical and prescription drug services using the allowed weights



- and average cost per service from the federal AVC continuance tables for the relevant metal tier.
- b. The HDHP model was normalized to the AVC for each plan design. This means the same plan design, ignoring the prescription drug thresholds and assuming a stacked family deductible and MOOP, was input into the HDHP model and the underlying data was adjusted to arrive at the same AV as the AVC. This was done to ensure the same starting AV in both models and to try to mirror the induced utilization in the AVC. The normalization factors were reviewed for reasonability and deemed reasonable given they are accounting for trend, regional differences in cost and utilization and induced utilization.
- c. The plan design in the HDHP model was adjusted to lower the prescription drug deductible and MOOP inputs (if applicable) to the appropriate plan design amounts and also to adjust the prescription drug MOOP to only consider prescription drug claims (the medical MOOP amount continues to use both medical and prescription drug claims). The application of deductible and MOOP was also changed to use an aggregate family deductible and either a stacked MOOP or an aggregate family MOOP with an embedded individual MOOP. For the stacked application of the MOOP, all individuals are subject to a MOOP equal to the individual MOOP in addition to the family MOOP. The aggregate family MOOP has an embedded individual MOOP equal to \$7,150.
- 3. The resulting AV from the HDHP model is used as the final AV for tier placement.

The HDHP model was intended only for HDHPs where medical and drug claims both accumulate to the deductible. The Bronze and Silver deductible plans (and associated CSR plans) need to be adjusted to account for the lower prescription drug MOOP, but the deductible plan has separate medical and drug deductibles. Thus, the HDHP model was used but with a slight variation in methodology. The following highlight the differences in methodology used only for the Bronze and Silver Deductible plans.

- 1. Same as for HDHPs, as much of the plan design as possible was entered into the AVC. This is the unadjusted AV. The Bronze and Silver Deductible plans then need to be adjusted for the lower and separate prescription drug MOOP.
- 2. The HDHP model was used to develop the AV adjustments in a slightly different process than for the HDHPs.
  - a. Instead of normalizing the HDHP model to the AVC, the normalization factor for the Bronze or Silver HDHP was used.
  - b. The HDHP model cannot accommodate plan designs where both medical and drug claims do not accumulate to the deductible. Thus, the same plan design was entered into the HDHP model as in the AVC but the model selection indicated that both medical and drug claims accumulated to the deductible amounts.
  - c. The HDHP model was then re-run with the lower drug MOOP and to adjust the prescription drug MOOP to only consider prescription drug claims (the medical MOOP amount continues to use both medical and prescription drug claims). The model continued to use a stacked application for deductible and MOOP since it is a traditional deductible plan.
- 3. The final AV is the ratio of the AV from 2c and 2b applied to the AV from the AVC in 1.

Appendix G includes screen shots from the AVC and the HDHP model for each plan design with an adjusted actuarial value. Also included is a summary of the AVs and in the instance of the Bronze and Silver Deductible plans, a calculation of the adjustment.



### **RELIANCES**

We have relied on others for information used in the actuarial value adjustments. For the original AV, the final 2017 federal AVC model was relied on. While reasonability tests have shown there are some assumptions and methodologies that are not consistent with expectations, the AVC was developed for plan classification and not pricing. Thus, the model is being used as such and we make no warranties for the accuracy of the AVs that result from the AVC.

VHCURES data supplied by the state was used in the development of the HDHP model. We have reviewed the data for reasonableness, but have not performed any independent audit or otherwise verified the accuracy of the data/information.

### DISCLOSURES AND LIMITATIONS

Wakely is financially and organizationally independent from the State of Vermont and any issuer in the state.

Wakely does not warrant or guarantee that actual experience will tie to the AV estimated for the placement of plan designs into tiers. The developed actuarial values are for the purposes of classifying plan designs of similar value and do not represent the expected actuarial value of a plan. Actual AVs will vary based on a plan's specific population, utilization, unit cost and other variables.

The distribution of this report to other users is limited to the State of Vermont and issuers within that state that will be submitting standard plan designs. Distribution to such parties should be made in its entirety. Distribution to other parties should only be made with Wakely's consent.

Exhibit A contains the formal actuarial certification. If you have any questions regarding this letter or the certification, please contact me.

Sincerely,

Julie A. Peper, FSA, MAAA

Partner and Senior Consulting Actuary

Brittney Phillips, ASA, MAAA

Associate Actuary

Brott Phillips





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# APPENDIX A

# Actuarial Certification State of Vermont Actuarial Value of Standard Plan Designs Effective January 1, 2017

I, Julie A. Peper, am associated with the firm of Wakely Consulting Group, LLC. (Wakely), am a Fellow of the Society of Actuaries and a member of the American Academy of Actuaries, and meet its Qualification Standards for Statements of Actuarial Opinion. Wakely was retained by the State of Vermont to provide a certification of the actuarial value of the state's standard plan designs that are effective January 1, 2017 on Vermont Health Connect. This certification may not be appropriate for other purposes.

To the best of my information, knowledge and belief, the actuarial values provided with this certification are considered actuarially sound for purposes of § 156.135(b), according to the following criteria:

- The final 2017 federal Actuarial Value Calculator was used to determine the AV for the plan provisions that fit within the calculator parameters;
- Appropriate adjustments were calculated, to the AV identified by the calculator, for plan design features that deviate substantially from the parameters of the AV calculator;
- The actuarial values have been developed in accordance with generally accepted actuarial principles and practices; and
- The actuarial values meet the requirements of § 156.135(b).

The assumptions and methodology used to develop the actuarial values have been documented in my correspondence with the State of Vermont. The actuarial values associated with this certification are for standard plan designs (Silver HDHP, Bronze HDHP, Bronze Deductible, Silver Deductible, Silver HDHP CSR 73%, Silver HDHP CSR 77%, Silver HDHP CSR 87%, Silver HDHP CSR 94%, Silver Deductible CSR 73%, and Silver Deductible CSR 77%) that will be effective as of January 1, 2017 for individual and group coverage sold on Vermont Health Connect.

The developed actuarial values are for the purposes of classifying plan designs of similar value and do not represent the expected actuarial value of a plan. Actual AVs will vary based on a plan's specific population, utilization, unit cost and other variables.

In developing the actuarial values, I have relied upon the federal Actuarial Value calculator and data from the Vermont Healthcare Claims Uniform Reporting and Evaluation System (VHCURES). I did not audit the data provided; however, I did review the data for reasonableness and consistency.

May 9, 2016 Page 10

Actuarial methods, considerations, and analyses used in forming my opinion conform to the appropriate Standards of Practice as promulgated from time-to-time by the Actuarial Standards Board, whose standards form the basis of this Statement of Opinion.

Julie A. Peper, FSA, MAAA

May 9, 2016



# APPENDIX B

# Summary of Plan Design Changes from 2016 designs

	Deductible Plans				
Plan	Platinum	Gold			
	Increase medical deductible to \$250 from \$150	Increase medical deductible to \$850 from \$750			
	Increase medical MOOP to \$1,300 from \$1,250	Increase pharmacy deductible to \$100 from \$50			
Changes	Increase pharmacy MOOP to \$1,300 from \$1,250	Increase medical MOOP to \$4,500 from \$4,250			
Changes	Increase specialist office visit copay to \$30 from \$20	Increase pharmacy MOOP to \$1,300 from \$1,250			
	Increase Rx preferred brand copay to \$50 from \$40	Increase specialist office visit copay to \$30 from \$25			
		Increase Rx preferred brand copay to \$50 from \$40			

	Deductible Plans				
Plan	Silver	Bronze			
	Increase medical deductible to \$2,150 from \$2,000	Increase medical deductible to \$4,600 from \$4,000			
	Increase medical MOOP to \$6,000 from \$5,600	Increase pharmacy deductible to \$700 from \$500			
Changes	Increase pharmacy MOOP to \$1,300 from \$1,250	Increase medical/Rx MOOP to \$7,150 from \$6,850			
	Integrate the medical MOOP to medical/Rx MOOP	Increase pharmacy MOOP to \$1,300 from \$1,250			
	Increase specialist office visit copay to \$65 from \$50	Increase specialist office visit copay to \$90 from \$85			
		Increase Rx preferred brand copay to \$85 from \$80			

	HDHPs				
Plan	Silver - Embedded MOOP	Silver - Stacked MOOP			
	Increase medical deductible to \$1,550 from \$1,425	Increase medical deductible to \$1,600 from \$1,550			
Changes	Increase medical/Rx MOOP to \$6,400 from \$5,750	Increase medical/Rx MOOP to \$6,400 from \$5,750			
	Increase embedded single MOOP to \$7,150 from \$6,850				

	HDHPs				
Plan	Bronze - Embedded MOOP	Bronze - Stacked MOOP			
	Increase medical deductible to \$5,050 from \$4,100	Increase medical deductible to \$5,300 from \$4,400			
Changes	Increase medical/Rx MOOP to \$6,550 from \$6,500	Increase medical/Rx MOOP to \$6,550 from \$6,500			
	Increase embedded single MOOP to \$7,150 from \$6,850				



# **APPENDIX C**

# **Comments Relative to Applicable ASOPs**

This appendix includes comments relative to the following applicable Actuarial Standards of Practice (ASOP).

- ASOP No. 23, Data Quality;
- ASOP No. 25, Credibility Procedures;
- ASOP No. 41, Actuarial Communications; and
- ASOP No. 50 Determining Minimum Value and Actuarial Value under the Affordable Care Act.

# **ASOP 23: Data Quality**

- <u>3.1 Overview</u> VHCURES data was used as the basis for the HDHP model and this data source was deemed reasonable for the analysis discussed in the management report.
- 3.2 Selection of Data The data was considered reasonable for our analysis subject to the following considerations
  - a. The data sources contained all material data elements.
  - b. The following considerations were reviewed as part of our analysis:
    - 1. Data was appropriate and sufficiently current. The data was for similar/same populations and the most applicable data set available.
    - 2. Data was reasonable and comprehensive of the necessary data elements.
    - 3. There were no known, material limitations of the data.
    - 4. No alternative data sets were reasonably available. The reliability of the data underlying our analysis did not require support from alternative data sets.
    - 5. Alternative data sets were not deemed necessary to complete the analysis.
    - 6. Sampling methods were not required.
- <u>3.3 Reliance on Data Supplied by Others</u> Reliance is discussed in the management report to which this appendix is attached.
- <u>3.4 Reliance on Other Information Relevant to the Use of Data</u> We relied on information contained in the report. We did not detect any material errors in the data provided and relied upon the data as part of our analysis.
- <u>3.5 Review of Data</u> We reviewed the data. Data definitions were included as part of the VHCURES data. Ultimately the data was reasonable with the adjustments discussed in our management report.
- 3.6 Limitation of the Actuary's Responsibility We did not audit the data.
- <u>3.7 Use of Data</u>— Use and adjustments to the data are discussed in this management report. In addition:
- a. We deem that the data are of sufficient quality to perform the analysis;
- b. The data did not require enhancement before the analysis could be performed
- c. The data was reasonable for the analysis and did not require adjustment beyond that discussed in the management report;
- d. We did not detect any material defects in any data source;
- e. The data were adequate to perform our analysis.



## **ASOP 25: Credibility Procedures**

The HDHP model uses data as its starting point. The experience used is fully credible and therefore no credibility blending or adjustments were necessary.

# **ASOP 41: Actuarial Communications**

This report and the actuarial memorandum submitted are consistent with the guidance in ASOP 41.

# 3.1 General Requirements for Actuarial Communications

- <u>3.1.1 Principal and Scope of Engagement</u> These results were developed to comply with § 156.135(b) and should not be used for any other purpose. The distribution of this report to other users is limited to the State of Vermont.
- <u>3.1.2 Form and Content</u> The State of Vermont was the principal for this engagement and the scope of the engagement included developing and certifying the actuarial values for the standard plan designs as discussed in the management report.
- <u>3.1.3 Timing of Communication</u> This report is provided in conjunction with the actuarial certification of the submitted actuarial values.
- <u>3.1.4 Identification of Responsible Actuary</u> The responsible actuary is identified in the attestation and this management report.
- <u>3.2 Actuarial Report</u> This management report is an Actuarial Report as defined in this ASOP. Correspondence between Wakely and the State of Vermont as part of this engagement should also be considered part of the Actuarial Report.
- <u>3.3 Specific Circumstances</u> No constraints apply beyond any discussed in the attachment management report.
- <u>3.4 Disclosures Within an Actuarial Report</u> all relevant disclosures have been made in the management report. Consistent with this ASOP, we make specific mention to the following items here:
  - 3.4.1 Uncertainty or Risk Uncertainty is discussed in the management report.
  - <u>3.4.2 Conflict of Interest</u> Wakely is financially, organizationally, and otherwise independent from the State of Vermont and any reliant parties.
  - <u>3.4.3 Reliance on Other Sources for Data and Other Information</u> Reliance regarding data and assumptions are discussed in this management report.
  - <u>3.4.4 Responsibility for Assumptions and Methods</u> Assumptions and methods are discussed in the management report and the parties associated with the assumptions and methods have been delineated. Therefore, pursuant to this ASOP, no additional disclosure is necessary.
  - <u>3.4.5 Information Date of Report</u> -The management report list the applicable dates for the analysis and correspondence.
  - <u>3.4.6 Subsequent Events</u> There are no subsequent events, as of the date of this report that would materially affect the results presented herein.
- <u>3.5 Explanation of Material Differences</u> Wakely has issued no other report regarding the development of these actuarial values. No comparison to prior results is necessary.
- <u>3.6 Oral Communications</u> No oral communication is considered part of this actuarial report. Any material assumptions or methods discussed in oral communications have been documented in written form as well.



<u>3.7 Responsibility to Other Users</u> - Intended users of this report have been specifically noted in the document.

# ASOP 50: Determining Minimum Value and Actuarial Value under the Affordable Care Act

- 3.1 Use of AVC or MVC The federal AVC was used.
- <u>3.2 Exceptions to the AVC</u> The federal AV was determined by making adjustments to the results of the federal AVC based on provisions that could not be appropriate modeled in the AVC.
- <u>3.3 Exceptions to the MVC</u> Not applicable.
- 3.4 Evaluating Non-Standard Plan Designs The HDHP model was normalized to the federal AVC.
- <u>3.5 Reasonableness of Assumptions for Non-Standard Plan Designs</u> The assumptions used to modify the federal AVs were reviewed for reasonability.
- <u>3.6 Unreasonable Results</u> Not applicable.
- <u>3.7 Documentation</u> See ASOP 41 documentation above.



APPENDIX D

# **Standard Plan Designs – Deductible Plans**

	2017 Plan Designs - Deductible Plans					
Deductible/OOP Max	Platinum	Gold	Silver	Bronze		
Type of Plan	Deductible	Deductible	Deductible	Deductible		
Medical Ded	\$250	\$850	\$2,150	\$4,600		
Rx Ded	\$o	\$100	\$150	\$700		
Integrated Ded	No	No	No	No		
Medical OOPM	\$1,300	\$4,500	\$6,000	\$7,150		
Rx OOPM	\$1,300	\$1,300	\$1,300	\$1,300		
Integrated OOPM	No	No	Rx -No, Medical - Yes	Rx -No, Medical - Yes		
Family Deductible / OOP	Stacked, 2x Individual	Stacked, 2x Individual	Stacked, 2x Individual	Stacked, 2x Individual		
Medical Deductible waived for:	Prev, OV, UC, Amb, ER	Prev, OV, UC, Amb, ER	Prev, OV, UC, Amb	Preventive		
Drug Deductible waived for:	N/A	Generic scripts	Generic scripts	Applies to all scripts		
Service Category	Copay / Coinsurance	Copay / Coinsurance	Copay / Coinsurance	Copay / Coinsurance		
Inpatient <sup>1</sup>	10%	20%	40%	50%		
Outpatient <sup>2</sup>	10%	20%	40%	50%		
ER 3	\$100	\$150	\$250	50%		
Radiology (MRI, CT, PET)	10%	20%	40%	50%		
Preventive	\$o	\$o	<b>\$</b> 0	\$o		
PCP Office Visit	\$10	\$15	\$25	\$35		
MH/SA Office Visit	\$10	\$15	\$25	\$35		
Specialist Office Visit 4	\$30	\$30	\$65	\$90		
Urgent Care	\$40	\$45	\$60	\$100		
Ambulance	\$50	\$50	\$100	\$100		
Rx Generic	\$5	\$5	\$15	\$20		
Rx Preferred Brand	\$50	\$50	\$60	\$85		
Rx Non-Preferred Brand	50%	50%	50%	60%		
Actuarial Value						
2017 Final Federal AVC, Adjusted if Necessary	89.1%	82.0%	71.5%	61.3%		



### **Standard Plan Designs – Cost Sharing Reduction Plans (Deductibles)**

		2017 Plan Designs – D	Deductible CSR Plans	
Deductible/OOP Max	250-300% FPL (73% AV)	200-250% FPL (77% AV)	150-200% FPL (87% AV)	133-150% FPL (94% AV)
Type of Plan	Deductible	Deductible	Deductible	Deductible
Medical Ded	\$2,150	\$1,600	\$600	\$100
Rx Ded	\$150	\$150	\$100	\$o
Integrated Ded	No	No	No	No
Medical OOPM	\$4,900	\$3,700	\$1,300	\$700
Rx OOPM	\$1,200	\$1,000	\$400	\$200
Integrated OOPM	Rx -No, Medical - Yes			
Family Deductible / OOP	Stacked, 2x Individual	Stacked, 2x Individual	Stacked, 2x Individual	Stacked, 2x Individual
Medical Deductible waived for:	Prev, OV, UC, Amb			
Drug Deductible waived for:	Generic scripts	Generic scripts	Generic scripts	N/A
Service Category	Copay / Coinsurance	Copay / Coinsurance	Copay / Coinsurance	Copay / Coinsurance
Inpatient <sup>1</sup>	40%	40%	40%	10%
Outpatient <sup>2</sup>	40%	40%	40%	10%
ER <sup>3</sup>	\$250	\$250	\$250	\$75
Radiology (MRI, CT, PET)	40%	40%	40%	10%
Preventive	<b>\$</b> 0	<b>\$</b> 0	<b>\$</b> 0	\$o
PCP Office Visit	\$25	\$20	\$10	\$5
MH/SA Office Visit	\$25	\$20	\$10	\$5
Specialist Office Visit <sup>4</sup>	\$65	\$40	\$30	\$15
Urgent Care	\$60	\$60	\$50	\$35
Ambulance	\$100	\$100	\$100	\$50
Rx Generic	\$12	\$12	\$10	\$5
Rx Preferred Brand	\$60	\$60	\$50	\$20
Rx Non-Preferred Brand	50%	50%	50%	30%
Actuarial Value				
2017 Final Federal AVC, Adjusted if Necessary	73.8%	77.4%	87.5%	94.8%



### Standard Plan Designs – HDHP Plans

	2017 Plan Designs - l Embedd	HDHP Plans Option 1: led MOOP
Deductible/OOP Max	Silver	Bronze
Type of Plan	HSA Q/HDHP	HSA Q/HDHP
Medical Ded	\$1,550	\$5,050
Rx Ded	\$1,300	\$1,300
Integrated Ded	Yes	Yes
Medical OOPM	\$6,400	\$6,550
Rx OOPM	\$1,300	\$1,300
Integrated OOPM	Rx -No, Medical - Yes	Rx -No, Medical - Yes
Family Deductible / OOP	Aggregate with Combined Medical/Rx embedded \$7,150 Single MOOP; 2x Individual	Aggregate with Combined Medical/Rx embedded \$7,150 Single MOOP; 2x Individual
Medical Deductible waived for:	Preventive	Preventive
Drug Deductible waived for:	Wellness scripts	Wellness scripts
Service Category	Copay / Coinsurance	Copay / Coinsurance
Inpatient 1	25%	50%
Outpatient <sup>2</sup>	25%	50%
ER <sup>3</sup>	25%	50%
Radiology (MRI, CT, PET)	25%	50%
Preventive	0%	0%
PCP Office Visit	10%	50%
MH/SA Office Visit	10%	50%
Specialist Office Visit <sup>4</sup>	25%	50%
Urgent Care	25%	50%
Ambulance	25%	50%
Rx Generic	\$10	\$12
Rx Preferred Brand	\$40	40%
Rx Non-Preferred Brand	50%	60%
Actuarial Value 2017 Final Federal AVC, Adjusted if Necessary	70.0%	60.9%

2017 Plan Designs - HDHP Plans Option 2: Stacked MOOP								
Silver	Bronze							
HSA Q/HDHP	HSA Q/HDHP							
\$1,600	\$5,300							
\$1,300	\$1,300							
Yes	Yes							
\$6,400	\$6,550							
\$1,300	\$1,300							
Rx -No, Medical - Yes	Rx -No, Medical - Yes							
Ded and Rx MOOP- Aggregate, Combined Medical/Rx MOOP - Stacked; 2x Individual	Ded and Rx MOOP- Aggregate, Combined Medical/Rx MOOP - Stacked; 2x Individual							
Preventive	Preventive							
Wellness scripts	Wellness scripts							
Copay / Coinsurance	Copay / Coinsurance							
25%	50%							
25%	50%							
25%	50%							
25%	50%							
0%	0%							
10%	50%							
10%	50%							
25%	50%							
25%	50%							
25%	50%							
\$10	\$12							
\$40	40%							
50%	60%							
70.0%	61.0%							



### Standard Plan Designs - Cost Sharing Reduction Plans (HDHP - Embedded MOOP)

	2017 P	lan Designs – HDHP Option	1: Embedded MOOP CSR Pl	ans
Deductible/OOP Max	250-300% FPL (73% AV)	200-250% FPL (77% AV)	150-200% FPL (87% AV)	133-150% FPL (94% AV)
Type of Plan	HSA Q/HDHP	HSA Q/HDHP	Deductible (NOT HSAQ)	Deductible (NOT HSAQ)
Medical Ded	\$1,550	\$1,300	\$1,250	\$550
Rx Ded	\$1,300	N/A	N/A	N/A
Integrated Ded	Yes	Yes	Yes	Yes
Medical OOPM	\$4,100	\$3,000	\$1,250	\$550
Rx OOPM	\$1,300	\$1,300	N/A	N/A
Integrated OOPM	Rx -No, Medical - Yes	Rx -No, Medical - Yes	Yes	Yes
Family Deductible / OOP	Aggregate with Combined Medical/Rx embedded \$7,150 Single MOOP; 2x Individual	Aggregate, 2x Individual	Aggregate, 2x Individual	Aggregate, 2x Individual
Medical Deductible waived for:	Preventive	Preventive	Preventive	Preventive
Drug Deductible waived for:	Wellness scripts	Wellness scripts	Wellness scripts	Wellness scripts
Service Category	Copay / Coinsurance	Copay / Coinsurance	Copay / Coinsurance	Copay / Coinsurance
Inpatient 1	25%	25%	0%	0%
Outpatient <sup>2</sup>	25%	25%	0%	0%
ER <sup>3</sup>	25%	25%	0%	0%
Radiology (MRI, CT, PET)	25%	25%	0%	0%
Preventive	0%	0%	0%	0%
PCP Office Visit	10%	10%	0%	0%
MH/SA Office Visit	10%	10%	0%	0%
Specialist Office Visit 4	25%	25%	0%	0%
Urgent Care	25%	25%	0%	0%
Ambulance	25%	25%	0%	0%
Rx Generic	\$10	\$10	<b>\$</b> 0	\$o
Rx Preferred Brand	\$40	\$40	<b>\$</b> 0	\$o
Rx Non-Preferred Brand	50%	50%	0%	0%
Actuarial Value				
2017 Final Federal AVC, Adjusted if Necessary	72.8%	76.7%	86.7%	93.8%



### Standard Plan Designs - Cost Sharing Reduction Plans (HDHP - Stacked MOOP)

		HDHP Stacked MOC	OP CSR Plan Options	
Deductible/OOP Max	250-300% FPL (73% AV)	200-250% FPL (77% AV)	150-200% FPL (87% AV)	133-150% FPL (94% AV)
Type of Plan	HSA Q/HDHP	HSA Q/HDHP	Deductible (NOT HSAQ)	Deductible (NOT HSAQ)
Medical Ded	\$1,600	\$1,400	\$1,300	\$550
Rx Ded	\$1,300	\$1,300	N/A	N/A
Integrated Ded	Yes	Yes	Yes	Yes
Medical OOPM	\$4,700	\$3,400	\$1,300	\$550
Rx OOPM	\$1,300	\$1,300	N/A	N/A
Integrated OOPM	Rx -No, Medical - Yes	Rx -No, Medical - Yes	Yes	Yes
Family Deductible / OOP	Ded and Rx MOOP- Aggregate, Combined Medical/Rx MOOP - Stacked; 2x Individual	Ded and Rx MOOP- Aggregate, Combined Medical/Rx MOOP - Stacked; 2x Individual	Ded and Rx MOOP- Aggregate, Combined Medical/Rx MOOP - Stacked; 2x Individual	Ded and Rx MOOP- Aggregate, Combined Medical/Rx MOOP - Stacked; 2x Individual
Medical Deductible waived for:	Preventive	Preventive	Preventive	Preventive
Drug Deductible waived for:	Wellness scripts	Wellness scripts	Wellness scripts	Wellness scripts
Service Category	Copay / Coinsurance	Copay / Coinsurance	Copay / Coinsurance	Copay / Coinsurance
Inpatient <sup>1</sup>	25%	25%	0%	0%
Outpatient <sup>2</sup>	25%	25%	0%	0%
ER <sup>3</sup>	25%	25%	0%	0%
Radiology (MRI, CT, PET)	25%	25%	0%	0%
Preventive	0%	0%	0%	0%
PCP Office Visit	10%	10%	0%	0%
MH/SA Office Visit	10%	10%	0%	0%
Specialist Office Visit <sup>4</sup>	25%	25%	0%	0%
Urgent Care	25%	25%	0%	0%
Ambulance	25%	25%	0%	0%
Rx Generic	\$10	\$10	\$o	\$o
Rx Preferred Brand	\$40	\$40	\$o	\$0
Rx Non-Preferred Brand	50%	50%	0%	0%
Actuarial Value				
2017 Final Federal AVC, Adjusted if Necessary	72.7%	76.8%	86.7%	93.9%



#### **APPENDIX E**

#### **Class I Pediatric Dental Codes**

These procedures are diagnostic and preventive in nature. Under the definition of what is essential they may have limits. The services and limits are described in the Department of Vermont Health Access, Dental Procedure/Fee Schedule (Effective for services provided on or after 11/01/2013)

- D0120 Periodic Oral Evaluation
- D0140 Limited Oral Evaluation Problem Focused
- D0145 Oral Evaluation for a patient under three years of age and counseling with primary caregiver
- D0150 Comprehensive Oral Evaluation
- D0170 Re-evaluation Limited, Problem Focused
- D0210 Intraoral Radiographs—Complete Series (including bitewings)
- D0220 Intraoral Radiographs Periapical First Film
- D0230 Intraoral Radiographs—Periapical Each Additional Film
- D0240 Intraoral Occlusal Film
- D0250 Extraoral First Film
- D0260 Extraoral Each Additional Film
- D0270 Bitewing Single Film
- D0272 Bitewings 2 Films
- D0273 Bitewings 3 Films
- D0274 Bitewings 4 Films
- D0330 Panoramic Film
- D0340 Cephalometric Film
- D0350 Oral/Facial Photographic Images
- D0364 Cone Beam CT Capture and Interpretation with Limited Field of View Less Than One Whole Jaw
- D0365 Cone Beam CT Capture and Interpretation with Limited Field of View of One Full Dental Arch Mandible
- D0366 Cone Beam CT Capture and Interpretation with Limited Field of View of One Full Dental Arch Maxilla, with or without Cranium
- D0367 Cone Beam CT Capture and Interpretation with Limited Field of View of Both Jaws, With or Without Cranium
- D0368 Cone Beam CT Capture and Interpretation for TMJ Series Including Two or More Exposures
- D0391 Interpretation of Diagnostic Image by a Practitioner Not Associated with Capture of the Image, Including the Report
- D0470 Diagnostic Models
- D1120 Prophylaxis Child
- D1208 Topical Application of Fluoride
- D1330 Oral Hygiene Instructions
- D1351 Sealant Per Tooth
- D1351 U9 Sealant Per Tooth-Deciduous second molars and bicuspids\*
- D1352 Preventive resin restoration in a moderate to high caries risk patient -permanent tooth
- D1510 Space Maintainer Fixed Unilateral
- D1515 Space Maintainer Fixed Bilateral
- D1525 Space Maintainer Removable Bilateral
- D1550 Recementation of Space Maintainer



 $\underline{\text{APPENDIX F}}$  Summary of Adjustments Considered and Final Adjusted AVs

Adjustments Considered	Aggregate Ded	Aggregate MOOP, Embedded \$7,150	Stacked MOOP	Drug Regulation	Preventive Drugs	Pediatric Dental	AV from AVC	Final Adjusted AV
Silver HDHP – Embedded \$7,150 Individual MOOP	Yes	Yes	No	Yes	Yes	Yes	72.2%	70.0%
Bronze HDHP- Embedded \$7,150 Individual MOOP	Yes	Yes	No	Yes	Yes	Yes	61.8%	60.9%
Silver HDHP – Stacked MOOP	Yes	No	Yes	Yes	Yes	Yes	71.9%	70.0%
Bronze HDHP- Stacked MOOP	Yes	No	Yes	Yes	Yes	Yes	61.6%	61.0%
Silver Deductible	No	No	No	Yes	No	Yes	71.0%	71.5%
Bronze Deductible	No	No	No	Yes	No	Yes	60.4%	61.3%
Silver HDHP - Embedded \$7,150 Individual MOOP CSR 73%	Yes	Yes	No	Yes	Yes	Yes	75.3%	72.8%
Silver HDHP - Embedded \$7,150 Individual MOOP CSR 77%	Yes	Yes	No	Yes	Yes	Yes	79.0%	76.7%
Silver HDHP - Embedded \$7,150 Individual MOOP CSR 87%	Yes	Yes	No	No	Yes	Yes	87.2%	86.7%
Silver HDHP - Embedded \$7,150 Individual MOOP CSR 94%	Yes	Yes	No	No	Yes	Yes	93.8%	93.8%
Silver HDHP - Stacked MOOP CSR 73%	Yes	No	Yes	Yes	Yes	Yes	74.0%	72.7%
Silver HDHP - Stacked MOOP CSR 77%	Yes	No	Yes	Yes	Yes	Yes	77.6%	76.8%
Silver HDHP - Stacked MOOP CSR 87%	Yes	No	Yes	No	Yes	Yes	86.8%	86.7%
Silver HDHP - Stacked MOOP CSR 94%	Yes	No	Yes	No	Yes	Yes	93.8%	93.9%
Silver Deductible CSR – 73%	No	No	No	Yes	No	Yes	73.3%	73.8%
Silver Deductible CSR – 77%	No	No	No	Yes	No	Yes	77.1%	77.4%
Silver Deductible CSR – 87%	No	No	No	Yes	No	Yes	87.5%	87.5%
Silver Deductible CSR – 94%	No	No	No	Yes	No	Yes	94.7%	94.8%



#### **APPENDIX G**

#### Screen shots and AV Development

- 1. Silver HDHP Embedded MOOP
- 2. Bronze HDHP Embedded MOOP
- 3. Silver HDHP Stacked MOOP
- 4. Bronze HDHP Stacked MOOP
- 5. Silver Deductible Plan
- 6. Bronze Deductible Plan
- 7. Silver HDHP Embedded MOOP CSR 73%
- 8. Silver HDHP Embedded MOOP CSR 77%
- 9. Silver HDHP Embedded MOOP CSR 87%
- 10. Silver HDHP Embedded MOOP CSR 94%
- 11. Silver HDHP Stacked MOOP CSR 73%
- 12. Silver HDHP Stacked MOOP CSR 77%
- 13. Silver HDHP Stacked MOOP CSR 87%
- 14. Silver HDHP Stacked MOOP CSR 94%
- 15. Silver Deductible CSR 73%
- 16. Silver Deductible CSR 77%
- 17. Silver Deductible CSR 87%
- 18. Silver Deductible CSR 94%



### 1. Silver HDHP – Embedded MOOP

AV from AVC = 72.2%Adjusted AV = 70.0%

#### AVC Screen Shot:

User Inputs for Plan Parameters										
Use Integrated Medical and Drug Deductible?	•		HSA/HRA Options		Nari	ow Network Op	otions			
Apply Inpatient Copay per Day?		HSA/HRA Emplo	yer Contribution?		Blended Netw	ork/POS Plan?				
Apply Skilled Nursing Facility Copay per Day?		Annual Contri	bution Amount:	\$0.00	1st <sup>-</sup>	Γier Utilization:	100%			
Use Separate OOP Maximum for Medical and Drug Spending?		Allitual Colletii	oution Amount.	\$0.00	2nd	Γier Utilization:	0%			
Indicate if Plan Meets CSR Standard?										
Desired Metal Tier	Silver <b>▼</b>			_						
	Tier	1 Plan Benefit De	esign		Tier	2 Plan Benefit D	)esign			
	Medical	Drug	Combined		Medical	Drug	Combined			
Deductible (\$)			\$1,550.00							
Coinsurance (%, Insurer's Cost Share)			75.00%							
OOP Maximum (\$)			\$6,400.00							
OOP Maximum if Separate (\$)										
		_			1	_	_			
Click Here for Important Instructions			er 1				er 2	,	Tier 1	Tier 2
Type of Benefit	Subject to Deductible?	Subject to	Coinsurance, if	Copay, if	Subject to	Subject to	Coinsurance,	Copay, if	Copay applie	•
Medical	All	Coinsurance?	different	separate	Deductible?	Coinsurance?	if different	separate	deduct	IIDIE?
	<u> </u>	<u> </u>			✓ All	✓ All				
Emergency Room Services All Inpatient Hospital Services (inc. MHSA)	✓	<u>v</u>			<u> </u>	✓				
Primary Care Visit to Treat an Injury or Illness (exc. Preventive, and	<u> </u>	<u>V</u>		***************************************	<u> </u>	•			Ш	
X-rays)	✓	✓	90%		✓	✓				
Specialist Visit	✓	<b>V</b>			V	✓				
Mental/Behavioral Health and Substance Abuse Disorder		Ţ.								
Outpatient Services	V	✓	90%		✓	✓				
Imaging (CT/PET Scans, MRIs)	✓	<b>V</b>			<b>V</b>	✓				П
Rehabilitative Speech Therapy	☑	✓			V	. ✓				
nendament Special merapy										
Rehabilitative Occupational and Rehabilitative Physical Therapy	✓	✓			✓	✓				
Preventive Care/Screening/Immunization	П		100%	\$0.00			100%	\$0.00		
Laboratory Outpatient and Professional Services	<u> </u>	☑	200,0	,	<u> </u>	- ✓		ψο.σο		
X-rays and Diagnostic Imaging	v	<u> </u>			<u> </u>	⊽				
Skilled Nursing Facility	V	<u> </u>			_ _	_ _				
										······································
Outpatient Facility Fee (e.g., Ambulatory Surgery Center)	V	✓			✓	V				
Outpatient Surgery Physician/Surgical Services	V	✓			<u>~</u>	✓				
Drugs	☐ All	All			☐ All	All			All	☐ All
Generics	<b>&gt;</b>			\$10.00	~	✓			Y	
Preferred Brand Drugs	>			\$40.00	<b>▽</b>	✓			v	
Non-Preferred Brand Drugs	V	V	50%		V	✓				
Specialty Drugs (i.e. high-cost)	>	V	50%		V	✓				
Options for Additional Benefit Design Limits:		_	Plan Description	:						
Do Not Allow Copays to Exceed Service Unit Cost?										
Set a Maximum on Specialty Rx Coinsurance Payments?			Name:	[Input Plan Nar	me]					
Specialty Rx Coinsurance Maximum:			Plan HIOS ID:	[Input Plan HIO	S ID]					
Set a Maximum Number of Days for Charging an IP Copay?			Issuer HIOS ID:	[Input Issuer HI	IOS ID]					
# Days (1-10):										
Begin Primary Care Cost-Sharing After a Set Number of Visits?										
# Visits (1-10):										
Begin Primary Care Deductible/Coinsurance After a Set Number of										
Copays?										
# Copays (1-10):		J								
Output										
Calculate										
Status/Error Messages:		utside of +/- 2 pei	rcent de minimis v	ariation.						
	72.20%									
Metal Tier:										

2017 AV Calculator



## 1. Silver HDHP – Embedded MOOP, Continued

Inputs						
Enter values in the b	lue cel	ls below, choose	a setting option f	rom the drop dow	n box, and press 'Co	alculate'.
Press 'Calculate' an	nytime	an input or drop	down selection is	changed.		
Note that the mo	del rui	n-time will vary b	ased on the comp	outers processing s	peed.	
A message box w	ıill app	ear to indicate th	at the calculation	ns are done.		
		Medical	Rx			
Individual Dedu	ctible	1,550	1,550			
Family Dedu	ctible	3,100	3,100			
Individual Out-of-P	ocket	6,400	6,400			
Family Out-of-P	ocket	12,800	12,800			
Coinsurance (50% or Less)		23%	29%			
		С	osts that Accumu	late		
				OOP	Deductible /	
		Deductible	Medical	Rx	OOP Type	
Se	ttings	Medical & Rx	Medical & Rx	Medical & Rx	Stacked	Ţ
		Calcula	to			
		Carcula				
Results						
		Medical	Rx	Total		
Allowed P	PMPM	\$254.40	\$39.65	\$294.05		
Plan F	MPM	\$189.07	\$23.34	\$212.42		
Actuarial '	Value	74.3%	58.9%	72.2%		



# 1. Silver HDHP – Embedded MOOP, Continued

lmmuta							
Inputs							
Enter valu	es in the blue cells	below, choose a s	setting option fror	m the drop down b	oox, and press 'Cal	'culate'.	
Press 'Co	alculate' anytime a	n input or dropdo	wn selection is ch	anged.			
Note th	hat the model run-	time will vary bas	ed on the comput	ers processing spe	ed.		
A mess	age box will appe	ar to indicate that	the calculations o	re done.			
		Medical	Rx				
Indi	vidual Deductible	1,550	1,300				
F	amily Deductible	3,100	2,600				
Individ	ual Out-of-Pocket	6,400	1,300				
Fam	ily Out-of-Pocket	12,800	2,600				
Coinsura	nce (50% or Less)	23%	29%				
Individual Embedded Moop:		7,150					
		Co	sts that Accumula	ate			
			0	ОР	Deductible / OOP Type Aggregate Plus		
		Deductible	Medical	Rx	OOP Type		
	Settings	Medical & Rx	Medical & Rx	Rx Only	Aggregate Plus	6	
		Calculat	re				
Results							
		Medical	Rx	Total			
	Allowed PMPM	\$254.40	\$39.65	\$294.05			
	Plan PMPM	\$180.71	\$25.20	\$205.91			
	Actuarial Value	71.0%	63.6%	70.0%			



### 2. Bronze HDHP – Embedded MOOP

AV from AVC = 61.8%Adjusted AV = 60.9%

#### AVC Screen Shot:

User Inputs for Plan Parameters										
Use Integrated Medical and Drug Deductible?	☑ [		HSA/HRA Options		Na	rrow Network Op	ntions			
Apply Inpatient Copay per Day?			oyer Contribution			twork/POS Plan?				
Apply Skilled Nursing Facility Copay per Day?		TISHYTINA ETIPI	oyer contribution			t Tier Utilization:				
Use Separate OOP Maximum for Medical and Drug Spending?		Annual Contrib	oution Amount:	\$0.00		d Tier Utilization:				
Indicate if Plan Meets CSR Standard?					2110	THE CHILDREN	0,0			
Desired Metal Tier										
Desired We tal Tier		1 Plan Benefit De	sign	1	Tier	r 2 Plan Benefit [	)esign			
	Medical	Drug	Combined	H	Medical	Drug	Combined			
Deductible (\$)		2.1.8	\$5,050.00	1	1110011001	2.18				
Coinsurance (%, Insurer's Cost Share)			50.00%							
OOP Maximum (\$)			\$6,550.00	1						
OOP Maximum if Separate (\$)			\$0,000.00	_						
(4)										
Click Here for Important Instructions		Tie	r1			Ti	er 2		Tier 1	Tier 2
	Subject to	Subject to	Coinsurance, if	Copay, if	Subject to	Subject to	Coinsurance, if	Copay, if		6. 1.1. 11.15
Type of Benefit	Deductible?	Coinsurance?	different	separate	Deductible?	Coinsurance?	different	separate	Copay applies onl	y after deductible?
Medical	□ All	□ All			□ All	□ All			□ All	□ All
Emergency Room Services	✓	✓			✓	₹				
All Inpatient Hospital Services (inc. MHSA)	✓	<u> </u>			V					
Primary Care Visit to Treat an Injury or Illness (exc. Preventive, and X-rays)	✓	✓			✓					
Specialist Visit	V	₹			✓	✓				
Mental/Behavioral Health and Substance Abuse Disorder Outpatient										
Services	₹	•			✓					
Imaging (CT/PET Scans, MRIs)	✓	₹			✓	<b>V</b>				
Rehabilitative Speech Therapy	▼	₹			V	☑				
,										
Rehabilitative Occupational and Rehabilitative Physical Therapy	•	<b>✓</b>			✓					
Preventive Care/Screening/Immunization			100%	\$0.00			100%	\$0.00		
Laboratory Outpatient and Professional Services	✓	₹		7						
X-rays and Diagnostic Imaging	₹	₹				Ø				
Skilled Nursing Facility	▼	✓			✓	☑				
Outpatient Facility Fee (e.g., Ambulatory Surgery Center)	•	₹			✓	☑				
Outpatient Surgery Physician/Surgical Services	₹	₹			✓	✓				
Drugs	□ All	□ All			□ All	□ All			□All	□ All
Generics	▼			\$12.00	✓				<u> </u>	
Preferred Brand Drugs	▼	₹	60%	,	✓	<b>v</b>				
Non-Preferred Brand Drugs	✓	₹	40%		✓	☑				
Specialty Drugs (i.e. high-cost)	✓	₹	40%		✓	Ø				
Options for Additional Benefit Design Limits:	_		Plan Description	:						
Do Not Allow Copays to Exceed Service Unit Cost?			•							
Set a Maximum on Specialty Rx Coinsurance Payments?			Name:	[Input Plan Name	e]					
Specialty Rx Coinsurance Maximum:			Plan HIOS ID:	[Input Plan HIOS	ID]					
Set a Maximum Number of Days for Charging an IP Copay?			Issuer HIOS ID:	[Input Issuer HIC	IS ID]					
# Days (1-10):										
Begin Primary Care Cost-Sharing After a Set Number of Visits?										
# Visits (1-10):										
Begin Primary Care Deductible/Coinsurance After a Set Number of										
Copays?										
# Copays (1-10):										
Output										
Calculate										
Status/Error Messages:	Calculation Succes	sful.								
Actuarial Value:	61.83%									
Metal Tier:	Bronze									

2017 AV Calculator



## 2. Bronze HDHP – Embedded MOOP, Continued

Immedia						
Inputs						
Enter valu	ies in the blue cells	below, choose a s	setting option fror	n the drop down b	oox, and press 'Ca	lculate'.
Press 'Co	alculate' anytime a	n input or dropdo	wn selection is ch	anged.		
Note th	hat the model run-	time will vary bas	ed on the comput	ers processing spe	ed.	
A mess	age box will appe	ar to indicate that	the calculations o	re done.		
		Medical	Rx			
	vidual Deductible	5,050	5,050			
F	amily Deductible	10,100	10,100			
Individ	ual Out-of-Pocket	6,550	6,550			
Fam	ily Out-of-Pocket	13,100	13,100			
Coinsura	nce (50% or Less)	48%	43%			
Individual Embedded Moop:		7,150				
		Co	sts that Accumula	ate		
			0	ОР	Deductible /	
		Deductible	Medical	Rx	OOP Type	
	Settings	Medical & Rx	Medical & Rx	Medical & Rx	Stacked	5
		 Calculat	·e			
		Carcara				
Dogulto						
Results						
		Medical	Rx	Total		
	Allowed PMPM	\$313.31	\$48.83	\$362.14		
	Plan PMPM	\$200.78	\$23.17	\$223.95		
	Actuarial Value	64.1%	47.5%	61.8%		



## 2. **Bronze HDHP – Embedded MOOP, Continued**

Inputs						
Enter valu	ies in the blue cells	below, choose a	setting option fro	m the drop down	box, and press 'Cald	culate'.
Press 'Co	alculate' anytime a	ın input or dropdo	own selection is ch	anged.		
Note ti	hat the model run-	time will vary bas	ed on the comput	ters processing sp	eed.	
A mess	sage box will appe	ar to indicate that	the calculations of	are done.		
		Medical	Rx			
	vidual Deductible	5,050	1,300			
F	amily Deductible	10,100	2,600			
Individ	ual Out-of-Pocket	6,550	1,300			
Fam	ily Out-of-Pocket	13,100	2,600			
Coinsurance (50% or Less)		48%	43%			
Individual Embedded Moop:		7,150				
		Co	osts that Accumul	ate		
			0	OP	Deductible /	
		Deductible	Medical	Rx	OOP Type	
	Settings	Medical & Rx	Medical & Rx	Rx Only	Aggregate Plus	ε
		Calcula	to.			
		Carcula				
Results						
		Medical	Rx	Total		
	Allowed PMPM	\$311.98	\$48.62	\$360.60		
	Plan PMPM	\$190.80	\$28.89	\$219.68		
	Actuarial Value	61.2%	59.4%	60.9%		



### 3. Silver HDHP – Stacked MOOP

AV from AVC = 71.9%Adjusted AV = 70.0%

### AVC Screen Shot:

Heaving the facility Days make as										
User Inputs for Plan Parameters	✓		ICA (UDA O UL)		T					
Use Integrated Medical and Drug Deductible?		HSA/HRA Emplo	HSA/HRA Options			row Network Op vork/POS Plan?	tions			
Apply Skilled Nursing Facility Congrues Day?		нза/нка етіріо	er Contribution:			Tier Utilization:	100%			
Apply Skilled Nursing Facility Copay per Day?		Annual Contrib	oution Amount:	\$0.00						
Use Separate OOP Maximum for Medical and Drug Spending?					2110	Tier Utilization:	0%			
Indicate if Plan Meets CSR Standard?										
Desired Metal Tier		4 Dl D C. D.		1		2010				
		1 Plan Benefit De		1		2 Plan Benefit D				
Dod wild (A)	Medical	Drug	Combined	-	Medical	Drug	Combined			
Deductible (\$)			\$1,600.00							
Coinsurance (%, Insurer's Cost Share)			75.00%	-						
OOP Maximum (\$)			\$6,400.00							
OOP Maximum if Separate (\$)			J							
Click Here for Important Instructions		Tie	r1			Tie	er 2		Tier 1	Tier 2
	Subject to	Subject to	Coinsurance, if	Copay, if	Subject to	Subject to	Coinsurance,	Copay, if	Copay applies	s only after
Type of Benefit	Deductible?	Coinsurance?	different	separate		Coinsurance?	if different	separate	deduct	
Medical	All	All			□All	All			All	All
Emergency Room Services	V	<u> </u>			V	<u> </u>				
All Inpatient Hospital Services (inc. MHSA)	<u> </u>	✓			☑	✓				
Primary Care Visit to Treat an Injury or Illness (exc. Preventive, and										
X-rays)	✓	✓	90%		✓	✓				
Specialist Visit	V	✓			V	V				
Mental/Behavioral Health and Substance Abuse Disorder										
Outpatient Services	✓	~	90%		✓	✓				
Imaging (CT/PET Scans, MRIs)	<u> </u>	✓			V	<b>V</b>				
Rehabilitative Speech Therapy	✓	<u>_</u>			v					
Rehabilitative Occupational and Rehabilitative Physical Therapy	V	•			V	✓				
Preventive Care/Screening/Immunization		П	100%	\$0.00			100%	\$0.00	······································	
Laboratory Outpatient and Professional Services	<b>V</b>	✓			V					
X-rays and Diagnostic Imaging	~	✓			<u> </u>	<u> </u>				
Skilled Nursing Facility		✓			✓	- ✓				
										· · · · · · · · · · · · · · · · · · ·
Outpatient Facility Fee (e.g., Ambulatory Surgery Center)	V	•			✓	✓				
Outpatient Surgery Physician/Surgical Services	V	<b>V</b>			V	V				
Drugs	□ All	☐ All			☐ All	All			☐ All	All
Generics	>			\$10.00	V	✓			~	
Preferred Brand Drugs	V			\$40.00	V	V			V	
Non-Preferred Brand Drugs	V	<b>V</b>	50%	· · · · · · · · · · · · · · · · · · ·	V	V				
Specialty Drugs (i.e. high-cost)	>	<b>V</b>	50%		V	V				
Options for Additional Benefit Design Limits:			Plan Description	1:						
Do Not Allow Copays to Exceed Service Unit Cost?										
Set a Maximum on Specialty Rx Coinsurance Payments?			Name:	[Input Plan Nar	me]					
Specialty Rx Coinsurance Maximum:			Plan HIOS ID:	[Input Plan HIO	S ID]					
Set a Maximum Number of Days for Charging an IP Copay?			Issuer HIOS ID:	[Input Issuer HI	IOS ID]					
# Days (1-10):										
Begin Primary Care Cost-Sharing After a Set Number of Visits?										
# Visits (1-10):										
Begin Primary Care Deductible/Coinsurance After a Set Number of										
Copays?										
# Copays (1-10):										
Output										
Calculate										
Status/Error Messages:	Calculation Succe	ssful.								
Actuarial Value:	71.94%									
Metal Tier:	Silver									

2017 AV Calculator



# 3. Silver HDHP – Stacked MOOP, Continued

HDHP Model – Normalization:

Inputs						
Enter valu	ues in the blue cel	ls below, choose o	a setting option fr	om the drop down	box, and press 'Co	alculate'.
			down selection is a	•		
Note t	hat the model ru	n-time will vary bo	ased on the comp	uters processing sp	peed.	
A mes	sage box will app	ear to indicate th	at the calculations	s are done.		
		Medical	Dv			
المطالعة	idual Deductible	11100110011	Rx			
	amily Deductible	1,600 3,200	1,600 3,200			
1	•					
	al Out-of-Pocket	6,400	6,400			
Fami	ly Out-of-Pocket	12,800	12,800			
Coinsurar	nce (50% or Less)	23%	29%			
		Co	osts that Accumula	ate		
			0	OP	Deductible /	
		Deductible	Medical	Rx	OOP Type	
	Settings	Medical & Rx	Medical & Rx	Medical & Rx	Stacked	5
		Calculat	te			
Results						
		Medical	Rx	Total		
	Allowed PMPM	\$254.40	\$39.65	\$294.05		
	Plan PMPM	\$188.26	\$23.16	\$211.42		
	Actuarial Value	74.0%	58.4%	71.9%		

4.



# 3. Silver HDHP – Stacked MOOP, Continued

lues in the blue cel	ls below, choose o	a setting option fr	om the drop down	box, and press 'Co	ılculate'.
	•		•	. ,	
that the model rui	n-time will vary bo	ased on the comp	uters processing s <sub>i</sub>	peed.	
A message box will appear to inc		at the calculations	s are done.		
	Medical	Rx			
vidual Deductible					
amily Deductible	3,200	2,600			
	12,800	2,600			
nce (50% or Less)	23%	29%			
	Co				
Settings	Medical & Rx	Medical & Rx	Rx Only	Aggregate Plus	6
	Calculat	te			
	Medical	Rx	Total		
Allowed PMPM	\$254.40	\$39.65	\$294.05		
Plan PMPM	\$180.78	\$25.12	\$205.90		
Actuarial Value	71.1%	63.4%	70.0%		
t i	ralculate' anytime that the model rui sage box will app idual Deductible amily Deductible al Out-of-Pocket ly Out-of-Pocket nce (50% or Less)  Settings  Allowed PMPM Plan PMPM	Allowed PMPM Allowed PMPM Allowed PMPM Allowed PMPM Plan PMPM Allowed PMPM Allowed PMPM Plan PMPM Allowed PMPM Plan PMPM Allowed PMPM Plan PMPM Pl	Allowed PMPM Allowed PMPM Allowed PMPM Plan	Allowed PMPM \$254.40 \$39.65 \$294.05 Plan PMPM \$180.78 \$255.12 \$205.90	that the model run-time will vary based on the computers processing speed.  In a sage box will appear to indicate that the calculations are done.    Medical   Rx



### 4. Bronze HDHP – Stacked MOOP

AV from AVC = 61.6%Adjusted AV = 61.0%

#### AVC Screen Shot:

Hear Inpute for Plan Parameters										
User Inputs for Plan Parameters  Use Integrated Medical and Drug Deductible?	v		HSA/HRA Options		No	row Network Op	tions			
Apply Inpatient Copay per Day?			oyer Contribution			twork/POS Plan?				
Apply Skilled Nursing Facility Copay per Day?		HOPYTHA Empi	oyer contribution			t Tier Utilization:	100%			
Use Separate OOP Maximum for Medical and Drug Spending?		Annual Contrib	oution Amount:	\$0.00		Tier Utilization:	0%			
Indicate if Plan Meets CSR Standard?					2110	THE CHILDREN	070			
Desired Metal Tier										
Desired We tall Hel		1 Plan Benefit De	sign	1	Tier	2 Plan Benefit D	lesion			
	Medical	Drug	Combined	H	Medical	Drug	Combined			
Deductible (\$)		2.10	\$5,300.00	1		2.128				
Coinsurance (%, Insurer's Cost Share)			50.00%							
OOP Maximum (\$)			\$6,550.00	1						
OOP Maximum if Separate (\$)			\$0,000.00	_						
OUT THE ATTENDED TO THE PARTIE OF THE PARTIE			ı				ı			
Click Here for Important Instructions		Tie	r1			Tie	er 2		Tier 1	Tier 2
	Subject to	Subject to	Coinsurance, if	Copay, if	Subject to	Subject to	Coinsurance, if	Copay, if		
Type of Benefit	Deductible?	Coinsurance?	different	separate	Deductible?	Coinsurance?	different	separate	Copay applies onl	y after deductible?
Medical	□ All	□ All			□ All	□ All			□ All	□ All
Emergency Room Services	✓	✓			✓	✓				
All Inpatient Hospital Services (inc. MHSA)	✓	✓			V					
Primary Care Visit to Treat an Injury or Illness (exc. Preventive, and X-rays)	✓	✓			ゼ					
Specialist Visit	V	•			✓	✓				П
Mental/Behavioral Health and Substance Abuse Disorder Outpatient										
Services	₹	✓			✓					
Imaging (CT/PET Scans, MRIs)	✓	₹			✓					
Rehabilitative Speech Therapy	₹	₹			✓					
,										
Rehabilitative Occupational and Rehabilitative Physical Therapy	✓	•			₹					
Preventive Care/Screening/Immunization			100%	\$0.00			100%	\$0.00		
Laboratory Outpatient and Professional Services	✓	₹		7	✓					
X-rays and Diagnostic Imaging	₹	✓				☑				
Skilled Nursing Facility	▼	✓			✓					
Outpatient Facility Fee (e.g., Ambulatory Surgery Center)	✓	•			₹.	✓				
Outpatient Surgery Physician/Surgical Services	₹	V			V	✓				
Drugs	☐ All	□ All			□ All	□ All			□All	□All
Generics	▼			\$12.00						
Preferred Brand Drugs	₹	₹	60%	,	✓	✓				
Non-Preferred Brand Drugs	✓	✓	40%		✓					
Specialty Drugs (i.e. high-cost)	✓	₹	40%		⊽	⊽				
Options for Additional Benefit Design Limits:	_		Plan Description	:						
Do Not Allow Copays to Exceed Service Unit Cost?			•							
Set a Maximum on Specialty Rx Coinsurance Payments?			Name:	[Input Plan Name	el					
Specialty Rx Coinsurance Maximum:			Plan HIOS ID:	[Input Plan HIOS	ID]					
Set a Maximum Number of Days for Charging an IP Copay?			Issuer HIOS ID:	[Input Issuer HIC	OS ID]					
# Days (1-10):										
Begin Primary Care Cost-Sharing After a Set Number of Visits?										
# Visits (1-10):										
Begin Primary Care Deductible/Coinsurance After a Set Number of										
Copays?										
# Copays (1-10):										
Output										
Calculate										
Status/Error Messages:	Calculation Success	ful.								
Actuarial Value:	61.64%									
Metal Tier:	Bronze									

2017 AV Calculator



# 4. Bronze HDHP – Stacked MOOP, Continued

l.a.ata										
Inputs										
Enter valu	es in the blue cells	below, choose a	setting option fror	n the drop down b	oox, and press 'Ca	lculate'.				
Press 'Co	alculate' anytime a	n input or dropdo	wn selection is ch	anged.						
Note th	hat the model run-	time will vary bas	me will vary based on the computers processing speed.							
A mess	age box will appe	ar to indicate that	the calculations o	re done.						
		Medical	Rx							
Indiv	vidual Deductible	5,300	5,300							
F	amily Deductible	10,600	10,600							
Individu	ual Out-of-Pocket	6,550	6,550							
Fam	ily Out-of-Pocket	13,100	13,100							
Coinsura	nce (50% or Less)	48%	43%							
Individual E	Embedded Moop:	6,550								
		Co	osts that Accumula	ate						
			0	ОР	Deductible /					
		Deductible	Medical	Rx	OOP Type					
	Settings	Medical & Rx	Medical & Rx	Medical & Rx	Stacked	5				
		Calculat	te e							
Results										
		Medical	Rx	Total						
	Allowed PMPM	\$311.98	\$48.62	\$360.60						
	Plan PMPM	\$199.11	\$22.94	\$222.05						
	Actuarial Value	63.8%	47.2%	61.6%						



### 4. **Bronze HDHP – Stacked MOOP, Continued**

Inputs						
Enter valu	ies in the blue cells	below, choose a s	setting option froi	m the drop down l	box, and press 'Cal	culate'.
Press 'Co	alculate' anytime a	n input or dropdo	own selection is ch	anged.		
Note th	hat the model run-	time will vary bas	ed on the comput	ers processing spe	eed.	
A mess	sage box will appe	ar to indicate that	the calculations of	are done.		
		Medical	Rx			
	vidual Deductible	5,300	1,300			
F	Family Deductible	10,600	2,600			
Individ	ual Out-of-Pocket	6,550	1,300			
Fam	nily Out-of-Pocket	13,100	2,600			
Coinsura	ance (50% or Less)	48%	43%			
ndividual I	Embedded Moop:	6,550				
		Co	sts that Accumula	ate		
			0	OP	Deductible /	
		De ductible	Medical	Rx	OOP Type	
	Settings	Medical & Rx	Medical & Rx	Rx Only	Aggregate Plus	
		Calculat	te			
Results						
		Medical	Rx	Total		
	Allowed PMPM	\$311.98	\$48.62	\$360.60		
	Plan PMPM	\$191.32	\$28.76	\$220.08		
	Actuarial Value	61.3%	59.1%	61.0%		



#### **Silver Deductible**

AV from AVC = 71.0% Adjustments

• HDHP Model with drug adjustments / HDHP Model without drug adjustments =  $68.4\%/67.9\% = 1.007 \times .710 = 71.5\%$ 

Adjusted AV = 71.5%

#### AVC Screen Shot:

User Inputs for Plan Parameters										
•			HSA/HRA Option		New	ow Network O				
Use Integrated Medical and Drug Deductible? Apply Inpatient Copay per Day?			yer Contribution			ork/POS Plan?				
	_	пза/пка епіріо	yer contribution	: <u>U</u>		ier Utilization:				
Apply Skilled Nursing Facility Copay per Day?		Annual Contri	bution Amount:	\$0.00						
Use Separate OOP Maximum for Medical and Drug Spending?	_				200 1	Tier Utilization:	0%			
Indicate if Plan Meets CSR Standard?										
Desired Metal Tier		4.01				2010				
		1 Plan Benefit D				2 Plan Benefit I				
D. J. 1911 (A)	Medical	Drug	Combined		Medical	Drug	Combined			
Deductible (\$)	\$2,150.00	\$150.00								
Coinsurance (%, Insurer's Cost Share)	60.00%	50.00%		-						
OOP Maximum (\$)		00.00								
OOP Maximum if Separate (\$)			J				]			
Click Here for Important Instructions		Tie	er 1			Tie	er 2		Tier 1	Tier 2
	Subject to	Subject to	Coinsurance, if	Copay, if	Subject to	Subject to	Coinsurance,	Copay, if	Copay applie	s only after
Type of Benefit	Deductible?	Coinsurance?	different	separate		Coinsurance?		separate	deduc	
Medical	All	All			All	All			□ All	All
Emergency Room Services	V			\$250.00	V	<u> </u>			<u> </u>	
All Inpatient Hospital Services (inc. MHSA)	V	<u> </u>		Q230.00	☑	V				
Primary Care Visit to Treat an Injury or Illness (exc. Preventive, and										
X-rays)				\$25.00	✓	✓				
Specialist Visit				\$65.00	✓	✓				
Mental/Behavioral Health and Substance Abuse Disorder										
Outpatient Services				\$25.00	✓	✓				
Imaging (CT/PET Scans, MRIs)	V	✓			✓	✓				
Rehabilitative Speech Therapy				\$65.00	v	_ V				
nerodinative speech meropy										
Rehabilitative Occupational and Rehabilitative Physical Therapy				\$65.00	V	✓				
Preventive Care/Screening/Immunization			100%	\$0.00			100%	\$0.00		
Laboratory Outpatient and Professional Services	V	V			✓	✓				
X-rays and Diagnostic Imaging	V	✓			✓	✓				
Skilled Nursing Facility	V	✓			✓	✓				
Outpatient Facility Fee (e.g., Ambulatory Surgery Center)	✓	<b>v</b>			v	v				
Outpatient Surgery Physician/Surgical Services	V	✓			✓	✓				
Drugs	All	All			□ All	All			☐ All	All
Generics				\$15.00	✓	<u> </u>				
Preferred Brand Drugs	V			\$60.00	✓	✓			V	
Non-Preferred Brand Drugs	V	<b>V</b>		, , , , , , , , , , , , , , , , , , , ,	✓	✓				
Specialty Drugs (i.e. high-cost)	V	V			V	V				
Options for Additional Benefit Design Limits:	•		Plan Description	n:						
Do Not Allow Copays to Exceed Service Unit Cost?		1								
Set a Maximum on Specialty Rx Coinsurance Payments?	_	1	Name:	[Input Plan Nar	me]					
Specialty Rx Coinsurance Maximum:			Plan HIOS ID:	[Input Plan HIO	-					
Set a Maximum Number of Days for Charging an IP Copay?		1	Issuer HIOS ID:	[Input Issuer HI	-					
# Days (1-10):					-					
Begin Primary Care Cost-Sharing After a Set Number of Visits?										
# Visits (1-10):		1								
Begin Primary Care Deductible/Coinsurance After a Set Number of		1								
Copays?		1								
# Copays (1-10):		J								
Output										
Calculate	Colo lori	6 1								
Status/Error Messages:	Calculation Succ	esstul.								

2017 AV Calculator

Actuarial Value:

Metal Tier:



71.01%

Silver

## 5. Silver Deductible, Continued

HDHP Model – Without Prescription Drug Adjustments:

Inputs						
Enter valu	ues in the blue cel	ls below, choose o	a setting option fro	om the drop down	box, and press 'Co	alculate'.
			down selection is c			
Note t	that the model ru	n-time will vary bo	ased on the comp	uters processing s <sub>i</sub>	peed.	
A mes	sage box will app	ear to indicate the	at the calculations	are done.		
		Medical	Rx			
	idual Deductible	2,150	150			
Fa	amily Deductible	4,300	300			
Individu	al Out-of-Pocket	6,000	6,000			
Fami	ly Out-of-Pocket	12,000	12,000			
Coinsurar	nce (50% or Less)	36%	38%			
		Co	osts that Accumula	 ate		
			0	ОР	Deductible /	
		Deductible	Medical	Rx	OOP Type	
	Settings	Medical & Rx	Medical & Rx	Medical & Rx	Stacked	5
		Calculat	re .			
Results						
		Medical	Rx	Total		
	Allowed PMPM	\$254.40	\$39.65	\$294.05		
	Plan PMPM	\$172.25	\$27.28	\$199.53		
	Actuarial Value	67.7%	68.8%	67.9%		



## 5. Silver Deductible, Continued

HDHP Model – With Prescription Drug Adjustments:

ate' anytime the model rul box will app  Deductible Deductible at-of-Pocket	an input or dropo	down selection is cased on the comp	changed. uters processing s <sub>i</sub>	n box, and press 'Car peed.	lculate'.
ate' anytime the model rul box will app  Deductible Deductible at-of-Pocket	an input or drope n-time will vary be ear to indicate the Medical 2,150 4,300	down selection is a ased on the comp at the calculations Rx 150	changed. uters processing s <sub>i</sub>		
Deductible Deductible Deductible Deductible	Medical 2,150 4,300	at the calculations  Rx  150	, , ,	peed.	
Deductible Deductible It-of-Pocket	Medical 2,150 4,300	Rx 150	s are done.		
Deductible it-of-Pocket it-of-Pocket	2,150 4,300	150			
Deductible it-of-Pocket it-of-Pocket	2,150 4,300	150			
Deductible it-of-Pocket it-of-Pocket	4,300				
it-of-Pocket it-of-Pocket		300			
ıt-of-Pocket	6,000				
		1,300			
	12,000	2,600			
50% or Less)	36%	38%			
	Co	sts that Accumul	ate		
		0	OP	Deductible /	
	Deductible	Medical	Rx	OOP Type	
Settings	Medical & Rx	Medical & Rx	Rx Only	Stacked	2
	Calculat	re			
	Medical	Rx	Total		
wed PMPM	\$254.40	\$39.65	\$294.05		
Plan PMPM	\$171.52	\$29.53	\$201.06		
uarial Value	67.4%	74.5%	68.4%		
F	wed PMPM Plan PMPM	Settings Medical & Rx  Calculat  Medical  Medical  wed PMPM \$254.40  Plan PMPM \$171.52	Settings Medical & Rx  Calculate  Medical Rx  Medical Rx  Medical Rx  Medical Rx  Medical Rx  Medical Rx  Figure PMPM \$254.40 \$39.65  Plan PMPM \$171.52 \$29.53	Settings         Medical & Rx         Medical & Rx         Rx Only           Calculate         Medical         Rx         Total           wed PMPM         \$254.40         \$39.65         \$294.05           Plan PMPM         \$171.52         \$29.53         \$201.06	Calculate   Calc



#### 6. Bronze Deductible

AV from AVC = 60.4% Adjustments

• HDHP Model with drug adjustments / HDHP Model without drug adjustments =  $63.0\%/62.1\% = 1.014 \times .604 = 61.3\%$ 

Adjusted AV = 61.3%

#### AVC Screen Shot:

User Inputs for Plan Parameters										
Use Integrated Medical and Drug Deductible?			HSA/HRA Option			ow Network O	otions			
Apply Inpatient Copay per Day?		HSA/HRA Emplo	yer Contribution	? 🗆		ork/POS Plan?				
Apply Skilled Nursing Facility Copay per Day?		Annual Contril	bution Amount:	\$0.00		Tier Utilization:				
Use Separate OOP Maximum for Medical and Drug Spending?	_			,	2nd 1	Tier Utilization:	0%			
Indicate if Plan Meets CSR Standard?										
Desired Metal Tier				-						
		1 Plan Benefit De				2 Plan Benefit [				
0.4.414.74	Medical	Drug	Combined		Medical	Drug	Combined			
Deductible (\$)	\$4,600.00 50.00%	\$700.00 40.00%								
Coinsurance (%, Insurer's Cost Share) OOP Maximum (\$)		50.00				l				
OOP Maximum (\$)	\$7,1	50.00								
OOP Maximum ii Separate (3)			J							
Click Here for Important Instructions		Tie	er 1			Tie	er 2		Tier 1	Tier 2
	Subject to	Subject to	Coinsurance, if	Copay, if	Subject to	Subject to	Coinsurance,	Copay, if	Copay applie	s only after
Type of Benefit	Deductible?	Coinsurance?	different	separate		Coinsurance?	•	separate	deduc	
Medical	☐ All	☐ All			All	All		·	☐ All	☐ All
Emergency Room Services	~	~	_		✓	✓				
All Inpatient Hospital Services (inc. MHSA)	V	V			✓	✓				
Primary Care Visit to Treat an Injury or Illness (exc. Preventive, and				\$35.00					- I	
X-rays)	V			\$35.00	✓	✓			V	
Specialist Visit	V			\$90.00	✓	✓			V	
Mental/Behavioral Health and Substance Abuse Disorder				\$35.00	✓	✓				
Outpatient Services	~			\$55.00					V	
Imaging (CT/PET Scans, MRIs)	V	V			☑	✓				
Rehabilitative Speech Therapy	V			\$90.00	✓	✓			V	
	✓			\$90.00	✓	✓			V	
Rehabilitative Occupational and Rehabilitative Physical Therapy				·					_	
Preventive Care/Screening/Immunization			100%	\$0.00			100%	\$0.00		
Laboratory Outpatient and Professional Services	>	<u> </u>			✓	<u>~</u>				
X-rays and Diagnostic Imaging	V	V			V	V				
Skilled Nursing Facility	V	V			✓	✓				
Outpatient Facility Fee (e.g., Ambulatory Surgery Center)	V	•			✓	✓				
Outpatient Surgery Physician/Surgical Services	V	✓			✓	✓				
Drugs	☐ All	☐ All			☐ All	☐ All			☐ All	☐ All
Generics	V			\$20.00	✓	✓			v	
Preferred Brand Drugs	V			\$85.00	✓	✓			Y	
Non-Preferred Brand Drugs	V	✓			✓	✓				
Specialty Drugs (i.e. high-cost)	>	~			✓	✓				
Options for Additional Benefit Design Limits:		1	Plan Description	1:						
Do Not Allow Copays to Exceed Service Unit Cost?		1								
Set a Maximum on Specialty Rx Coinsurance Payments?			Name:	[Input Plan Nan						
Specialty Rx Coinsurance Maximum:		1	Plan HIOS ID:	[Input Plan HIO						
Set a Maximum Number of Days for Charging an IP Copay?			Issuer HIOS ID:	[Input Issuer HI	OS IDJ					
# Days (1-10):										
Begin Primary Care Cost-Sharing After a Set Number of Visits?		1								
#Visits (1-10):		-								
Begin Primary Care Deductible/Coinsurance After a Set Number of		1								
Copays? #Copays (1-10):		1								
		J								
Output										
Calculate Status/Error Messages:	Calculation Succe	essful.								
,										

2017 AV Calculator

Actuarial Value:

Metal Tier:



60.44%

Bronze

## 6. Bronze Deductible, Continued

HDHP Model – Without Prescription Drug Adjustments:

Inputs						
Enter val	ues in the blue cei	lls below, choose (	a setting option fr	om the drop down	box, and press 'C	alculate'.
		·	down selection is a	•		
Note t	that the model ru	n-time will vary be	ased on the comp	uters processing sp	peed.	
A mes	sage box will app	ear to indicate th	at the calculations	s are done.		
		Medical	Rx			
Indiv	idual Deductible	4,600	700			
	amily Deductible	9,200	1,400			
	al Out-of-Pocket		7,150			
	ly Out-of-Pocket	· ·	14,300			
		47%	52%			
Comsurar	nce (50% or Less)	47%	52%			
		Co	osts that Accumul	ate		
				OP	Deductible /	
		Deductible	Medical	Rx	OOP Type	
	Settings	Medical & Rx	Medical & Rx	Medical & Rx	Stacked	Ţ
		Calcula	te			
Results						
		Medical	Rx	Total		
	Allowed PMPM		\$48.62	\$360.60		
	Plan PMPM		\$28.22	\$223.92		
	Actuarial Value	62.7%	58.0%	62.1%		



## 6. Bronze Deductible, Continued

HDHP Model – With Prescription Drug Adjustments:

ies in the hlue cel					
ics in the blue cer	ls below, choose d	a setting option fr	om the drop down	box, and press 'Co	alculate'.
alculate' anytime	an input or drop	down selection is c	changed.		
hat the model rui	n-time will vary bo	ased on the comp	uters processing sp	peed.	
sage box will app	ear to indicate the	at the calculations	are done.		
	Medical	Rx			
dual Deductible	4,600	700			
mily Deductible	9,200	1,400			
al Out-of-Pocket	7,150	1,300			
y Out-of-Pocket	14,300	2,600			
ice (50% or Less)	47%	52%			
	Co	osts that Accumula	ate		
				Deductible /	
	Deductible	Medical	Rx	OOP Type	
Settings	Medical & Rx	Medical & Rx	Rx Only	Stacked	2
	Calculat	e			
	Medical	Rx	Total		
Allowed PMPM	\$311.98	\$48.62	\$360.60		
Plan PMPM	\$193.80	\$33.44	\$227.24		
Actuarial Value	62.1%	68.8%	63.0%		
, s	dual Deductible mily Deductible al Out-of-Pocket y Out-of-Pocket ce (50% or Less)  Settings  Allowed PMPM Plan PMPM	Medical dual Deductible mily Deductible al Out-of-Pocket y Out-of-Pocket Settings  Deductible Settings  Medical 4,600 14,300 16 Out-of-Pocket Medical Allowed PMPM Plan PMPM \$193.80	Medical Rx dual Deductible 4,600 700 mily Deductible 9,200 1,400 al Out-of-Pocket 14,300 2,600 ce (50% or Less) 47% 52%  Costs that Accumulation Medical Rx  Medical Rx  Calculate  Medical Rx  Medical Rx  Calculate  Medical Rx  Medical Rx  Medical Rx  Medical Rx  Medical Rx  Settings Medical Rx  Medical Rx  Allowed PMPM \$311.98 \$48.62 Plan PMPM \$193.80 \$33.44	Medical Rx dual Deductible 4,600 700 mily Deductible 9,200 1,400 al Out-of-Pocket 14,300 2,600 ce (50% or Less)  Costs that Accumulate  OOP  Deductible Medical Rx  Settings Medical & Rx  Medical & Rx  Calculate  Medical Rx  Allowed PMPM \$311.98 \$48.62 \$360.60 Plan PMPM \$193.80 \$33.44 \$227.24	And the model run-time will vary based on the computers processing speed.  And the model run-time will vary based on the computers processing speed.  And the model run-time will vary based on the computers processing speed.  And the model run-time will vary based on the computers processing speed.  And the model run-time will vary based on the computers processing speed.  And the model run-time will vary based on the computers processing speed.  And the model run-time will vary based on the computers processing speed.  And the model run-time will vary based on the computers processing speed.  And the model run-time will vary based on the computers processing speed.  And the model run-time will vary based on the computers processing speed.  And the model run-time will vary based on the computers processing speed.  And the model run-time will vary based on the collections are done.  And the model run-time will vary based on the collections are done.  And the model run-time will vary based on the collections are done.  And the model run-time will vary based on the collections are done.  And the model run-time will vary based on the collections are done.  And the model run-time will vary based on the collections are done.  And the model run-time will vary based on the collections are done.  And the model run-time will vary based on the collections are done.  And the model run-time will vary based on the collections are done.  And the model run-time will vary based on the collections are done.  And the model run-time will vary based on the collections are done.  And the model run-time will vary based on the collections are done.  And the model run-time will vary based on the collections are done.  And the model run-time will vary based on the collections are done.  And the model run-time will vary based on the collections are done.  And the model run-time will vary based on the collections are done.  And the model run-time will vary based on the collections are done.  And the model run-time will vary based on the co



### 7. Silver HDHP – Embedded MOOP CSR – 73%

AV from AVC = 75.3%Adjusted AV = 72.8%

AVC Screen Shot:

User Inputs for Plan Parameters										
Use Integrated Medical and Drug Deductible?	✓	l l	HSA/HRA Options	1	Nari	row Network Op	tions			
Apply Inpatient Copay per Day?		HSA/HRA Employ	er Contribution?	· 🗆	Blended Netv	vork/POS Plan?				
Apply Skilled Nursing Facility Copay per Day?		Annual Contrib	ution Amount:	\$0.00	1st <sup>*</sup>	Tier Utilization:	100%			
Use Separate OOP Maximum for Medical and Drug Spending?		Allitual Collettu	ution Amount.	Ş0.00	2nd <sup>*</sup>	Tier Utilization:	0%			
Indicate if Plan Meets CSR Standard?	✓									
Desired Metal Tier	Silver 🔻									
	Tier	1 Plan Benefit De	sign		Tier	2 Plan Benefit D	esign			
	Medical	Drug	Combined		Medical	Drug	Combined			
Deductible (\$)			\$1,550.00							
Coinsurance (%, Insurer's Cost Share)			75.00%							
OOP Maximum (\$)			\$4,100.00							
OOP Maximum if Separate (\$)				_						
Click Here for Important Instructions		Tie	r 1			Tie	r2		Tier 1	Tier 2
	Subject to	Subject to	Coinsurance, if	Copay, if	Subject to	Subject to	Coinsurance,	Copay, if	Copay applies	only after
Type of Benefit	Deductible?	Coinsurance?	different	separate	-	Coinsurance?		separate	deduct	•
Medical	☐ All	All			All	All			☐ All	All
Emergency Room Services	V	<u> </u>				<u> </u>				
All Inpatient Hospital Services (inc. MHSA)	<u> </u>	<u> </u>			V V	V				
Primary Care Visit to Treat an Injury or Illness (exc. Preventive, and										
X-rays)	•	✓	90%		✓	✓				
Specialist Visit	V	V			✓	<b>V</b>				
Mental/Behavioral Health and Substance Abuse Disorder										······
Outpatient Services	<b>&gt;</b>	<b>v</b>	90%		✓	✓				
Imaging (CT/PET Scans, MRIs)	•	V			✓	✓				
Rehabilitative Speech Therapy	<u> </u>	<u> </u>			V	✓				
nendament operation in the special interest of the spe										
Rehabilitative Occupational and Rehabilitative Physical Therapy	V	•			✓	✓				
Preventive Care/Screening/Immunization			100%	\$0.00			100%	\$0.00		
Laboratory Outpatient and Professional Services			100/0	Ş0.00		- □	10070	\$0.00		П
X-rays and Diagnostic Imaging	<u> </u>	✓			<b>&gt;</b>	✓				
Skilled Nursing Facility	•	✓			✓				<u> </u>	
Skilled Nulsing Facility										
Outpatient Facility Fee (e.g., Ambulatory Surgery Center)	>	<b>v</b>			✓	✓				
Outpatient Surgery Physician/Surgical Services	>	<b>V</b>		-	✓	✓				
Outpatient Surgery Physician/Surgical Services  Drugs	□All	□ All			All	□ All			□ All	All
Generics	<b>→</b>			\$10.00	V	<u> </u>			<b>V</b>	
Preferred Brand Drugs	· ·			\$40.00	V				<u>.</u>	<u>-</u>
Non-Preferred Brand Drugs	·	<u> </u>	50%	Ş40.00	<u> </u>	✓				
Specialty Drugs (i.e. high-cost)	] >	<u> </u>	50%		<b>V</b>	<u> </u>				<u>-</u>
Options for Additional Benefit Design Limits:	V		Plan Description		V					
Do Not Allow Copays to Exceed Service Unit Cost?		1	Pian Description	•						
Set a Maximum on Specialty Rx Coinsurance Payments?			Name:	[Input Plan Nan	nol					
Specialty Rx Coinsurance Payments:  Specialty Rx Coinsurance Maximum:			Plan HIOS ID:	[Input Plan HIO	-					
Set a Maximum Number of Days for Charging an IP Copay?		-		[Input Issuer HI						
	П		issuer nios ib:	[IIIput issuer ni	נטו נטו					
# Days (1-10): Begin Primary Care Cost-Sharing After a Set Number of Visits?										
, ,	П									
#Visits (1-10): Begin Primary Care Deductible/Coinsurance After a Set Number of		1								
- '										
Copays?										
# Copays (1-10):		J								
Output										
Calculate Status /Free Massages	Error: Docult is o	utside of 1 / 1 non	cont do minimic	variation for CCD	-					

2017 AV Calculator

Actuarial Value: Metal Tier:



## 7. Silver HDHP – Embedded MOOP CSR – 73%, Continued

Inputs						
Enter valu	ies in the blue cells	below, choose a	setting option fro	m the drop down	box, and press 'Cal	culate'.
Press 'Co	alculate' anytime d	ın input or dropdo	own selection is ch	anged.		
Note ti	hat the model run-	time will vary bas	sed on the compu	ters processing sp	eed.	
A mess	sage box will appe	ar to indicate that	t the calculations (	are done.		
		Medical	Rx			
	vidual Deductible	1,550	1,550			
F	Family Deductible	3,100	3,100			
Individ	ual Out-of-Pocket	4,100	4,100			
Fam	nily Out-of-Pocket	8,200	8,200			
Coinsura	ance (50% or Less)	23%	29%			
Individual	Embedded Moop:	7,150				
		Co	osts that Accumul	ate		
			0	OP	Deductible /	
		Deductible	Medical	Rx	OOP Type	
	Settings	Medical & Rx	Medical & Rx	Medical & Rx	Stacked	5
		Calcula	te			
Results						
		Medical	Rx	Total		
	Allowed PMPM	\$281.18	\$43.82	\$325.00		
	Plan PMPM	\$217.35	\$27.31	\$244.66		
	Actuarial Value	77.3%	62.3%	75.3%		



# 7. Silver HDHP – Embedded MOOP CSR – 73%, Continued

Inputs						
Enter valu	ies in the blue cells	below, choose a s	setting option fror	n the drop down b	oox, and press 'Cal	lculate'.
	alculate' anytime a			•	i	
Note tl	hat the model run-	time will vary bas	ed on the comput	ers processing spe	ed.	
A mess	sage box will appe	ar to indicate that	the calculations o	re done.		
		Medical	Rx			
Indi	vidual Deductible	1,550	1,300			
F	amily Deductible	3,100	2,600			
Individ	ual Out-of-Pocket	4,100	1,300			
Fam	nily Out-of-Pocket	8,200	2,600			
Coinsura	ance (50% or Less)	23%	29%			
Individual I	Embedded Moop:	7,150				
		Co	osts that Accumula	ate		
			0	OP	Deductible /	
		Deductible	Medical	Rx	OOP Type	
	Settings	Medical & Rx	Medical & Rx	Rx Only	Aggregate Plus	6
		 Calculat	:e			
Results						
		Medical	Rx	Total		
	Allowed PMPM	· ·	\$43.82	\$325.00		
	Plan PMPM	\$208.11	\$28.62	\$236.73		
	Actuarial Value	74.0%	65.3%	72.8%		



### 8. Silver HDHP – Embedded MOOP CSR – 77%

AV from AVC = 79.0%Adjusted AV = 76.7%

AVC Screen Shot:

User Inputs for Plan Parameters										
Use Integrated Medical and Drug Deductible?	✓		HSA/HRA Options	i .	Nari	row Network Op	otions	I		
Apply Inpatient Copay per Day?		HSA/HRA Employ	yer Contribution?	· 🗆		vork/POS Plan?		I		
Apply Skilled Nursing Facility Copay per Day?		Annual Contrib	oution Amount:	\$0.00		Tier Utilization:	100%	I		
Use Separate OOP Maximum for Medical and Drug Spending?		7 tilliaar Collera	acioni inicanci	φο.σσ	2nd <sup>*</sup>	Tier Utilization:	0%	I		
Indicate if Plan Meets CSR Standard?	<b>V</b>									
Desired Metal Tier	Gold ▼			_				1		
		1 Plan Benefit De				2 Plan Benefit D	•	I		
	Medical	Drug	Combined		Medical	Drug	Combined	I		
Deductible (\$)			\$1,300.00					I		
Coinsurance (%, Insurer's Cost Share)			75.00%					I		
OOP Maximum (\$)			\$3,000.00	]				II.		
OOP Maximum if Separate (\$)										
		_					_			
Click Here for Important Instructions		Tie				Tie			Tier 1	Tier 2
Type of Benefit	Subject to	Subject to	Coinsurance, if	Copay, if	Subject to	Subject to	Coinsurance,	Copay, if	Copay applie	
·	Deductible?	Coinsurance?	different	separate		Coinsurance?	if different	separate	deduct	
Medical	All	□ All			All	All			All	All
Emergency Room Services	V	<u> </u>			V	<u> </u>				
All Inpatient Hospital Services (inc. MHSA)	V	✓			V	~				
Primary Care Visit to Treat an Injury or Illness (exc. Preventive, and	✓	V	90%		✓	✓				
X-rays)					_	_				
Specialist Visit	V	<b>V</b>			V	✓				
Mental/Behavioral Health and Substance Abuse Disorder	✓	V	90%		✓	✓				
Outpatient Services	✓	✓			<b>v</b>	✓				
Imaging (CT/PET Scans, MRIs)										
Rehabilitative Speech Therapy	✓	<b>V</b>			V	V				
Rehabilitative Occupational and Rehabilitative Physical Therapy	✓	<b>v</b>			✓	✓				
Preventive Care/Screening/Immunization		П	100%	\$0.00			100%	\$0.00		
Laboratory Outpatient and Professional Services	<u> </u>	☑	100%	Ş0.00	✓		100%	\$0.00		
X-rays and Diagnostic Imaging	✓	✓			<u>~</u>	V				<u> </u>
Skilled Nursing Facility	✓	v			✓					- F
okinea narong radiny										
Outpatient Facility Fee (e.g., Ambulatory Surgery Center)	✓	•			✓	✓				
Outpatient Surgery Physician/Surgical Services	<b>V</b>	V		_	✓	✓				
Drugs		All			—— □ All				□ All	□ All
Generics	<u> </u>			\$10.00	<u> </u>	<u> </u>			V	
Preferred Brand Drugs	V			\$40.00	✓	✓			☑	
Non-Preferred Brand Drugs	<b>V</b>	<b>V</b>	50%		✓	✓				
Specialty Drugs (i.e. high-cost)	V	V	50%		✓	✓				
Options for Additional Benefit Design Limits:			Plan Description	:						
Do Not Allow Copays to Exceed Service Unit Cost?										
Set a Maximum on Specialty Rx Coinsurance Payments?			Name:	[Input Plan Nan	ne]					
Specialty Rx Coinsurance Maximum:			Plan HIOS ID:	[Input Plan HIO	S ID]					
Set a Maximum Number of Days for Charging an IP Copay?			Issuer HIOS ID:	[Input Issuer HI	OS ID]					
# Days (1-10):										
Begin Primary Care Cost-Sharing After a Set Number of Visits?										
# Visits (1-10):										
Begin Primary Care Deductible/Coinsurance After a Set Number of										
Copays?										
# Copays (1-10):										
Output										
Calculato										

Error: Result is outside of +/- 1 percent de minimis variation for CSRs.

79.01%

2017 AV Calculator

Actuarial Value: Metal Tier:

Status/Error Messages:



## $8. \quad \textbf{Silver HDHP} - \textbf{Embedded MOOP CSR} - \textbf{77\%, Continued}$

Inputs						
Enter valu	es in the blue cells	below, choose a s	setting option froi	m the drop down i	box, and press 'Ca	lculate'.
Press 'Co	alculate' anytime a	n input or dropdo	own selection is ch	anged.		
Note th	hat the model run-	time will vary bas	ed on the comput	ers processing spe	eed.	
A mess	sage box will appe	ar to indicate that	the calculations of	are done.		
		Medical	Rx			
	vidual Deductible	1,300	1,300			
F	amily Deductible	2,600	2,600			
Individu	ual Out-of-Pocket	3,000	3,000			
Fam	ily Out-of-Pocket	6,000	6,000			
Coinsura	ance (50% or Less)	23%	28%			
Individual E	Embedded Moop:	7,150				
		Co	osts that Accumul	ate		
			0	OP	Deductible /	
		Deductible	Medical	Rx	OOP Type	
	Settings	Medical & Rx	Medical & Rx	Medical & Rx	Stacked	5
		Calculat	te			
Results						
		Medical	Rx	Total		
	Allowed PMPM	\$294.57	\$45.91	\$340.48		
	Plan PMPM	\$238.20	\$30.83	\$269.02		
	Actuarial Value	80.9%	67.2%	79.0%		



## 8. Silver HDHP – Embedded MOOP CSR – 77%, Continued

Inputs						
Enter valu	es in the blue cells	below, choose a s	setting option fror	n the drop down b	oox, and press 'Cal	lculate'.
Press 'Co	alculate' anytime a	ın input or dropdo	wn selection is ch	anged.		
Note tl	hat the model run-	time will vary bas	ed on the comput	ers processing spe	ed.	
A mess	age box will appe	ar to indicate that	the calculations of	re done.		
		Medical	Rx			
Indi	vidual Deductible	1,300	1,300			
F	amily Deductible	2,600	2,600			
Individ	ual Out-of-Pocket	3,000	1,300			
Fam	nily Out-of-Pocket	6,000	2,600			
Coinsura	ance (50% or Less)	23%	28%			
Individual I	Embedded Moop:	7,150				
		Co	osts that Accumula	ate		
			0	OP	Deductible /	
		Deductible	Medical	Rx	OOP Type	
	Settings	Medical & Rx	Medical & Rx	Rx Only	Aggregate Plus	6
		_ Calculat	te			
Results						
		Medical	Rx	Total		
	Allowed PMPM		\$45.91	\$340.48		
	Plan PMPM	•	\$30.87	\$261.29		
	Actuarial Value	78.2%	67.2%	76.7%		



### 9. Silver HDHP – Embedded MOOP CSR – 87%

AV from AVC = 87.2%Adjusted AV = 86.7%

#### AVC Screen Shot:

User inputs for Plan Parameters										
Use Integrated Medical and Drug Deductible?	✓	1	HSA/HRA Option	s	Nar	row Network Op	tions			
Apply Inpatient Copay per Day?		HSA/HRA Employ	yer Contribution	? 🗌	Blended Netv	vork/POS Plan?				
Apply Skilled Nursing Facility Copay per Day?		Ammund Combrid	oution Amount:	\$0.00	1st	Tier Utilization:	100%			
Use Separate OOP Maximum for Medical and Drug Spending?		Annual Contrit	oution Amount:	\$0.00	2nd	Tier Utilization:	0%			
Indicate if Plan Meets CSR Standard?	✓						<u> </u>			
Desired Metal Tier	Gold ▼									
	Tie	1 Plan Benefit De	sign		Tier	2 Plan Benefit D	esign			
	Medical	Drug	Combined		Medical	Drug	Combined			
Deductible (\$)			\$1,250.00							
Coinsurance (%, Insurer's Cost Share)			100.00%							
OOP Maximum (\$)			\$1,250.00	1						
OOP Maximum if Separate (\$)				<b></b>						
,			_							
Click Here for Important Instructions		Tie	r1			Tie	r2		Tier 1	Tier 2
- 45 (1)	Subject to	Subject to	Coinsurance, if	Copay, if	Subject to	Subject to	Coinsurance,	Copay, if	Copay applies	only after
Type of Benefit	Deductible?	Coinsurance?	different	separate	Deductible?	Coinsurance?	if different	separate	deducti	ble?
Medical	☐ All	☐ All			All	All		·	☐ All	All
Emergency Room Services	>	<b>v</b>			✓	<b>V</b>				
All Inpatient Hospital Services (inc. MHSA)	<u> </u>	<u> </u>			V	V				
Primary Care Visit to Treat an Injury or Illness (exc. Preventive, and										
X-rays)	✓	✓			✓	✓				
Specialist Visit	V	<b>V</b>			✓	✓				
Mental/Behavioral Health and Substance Abuse Disorder										······
Outpatient Services	•	✓			✓	✓				
Imaging (CT/PET Scans, MRIs)	>	✓			<b>v</b>	✓				
Rehabilitative Speech Therapy		7				✓				
Tendomative special metapy										· · · · · · · · · · · · · · · · · · ·
Rehabilitative Occupational and Rehabilitative Physical Therapy	>	✓			✓	✓				
Preventive Care/Screening/Immunization		П	100%	\$0.00			100%	\$0.00		
Laboratory Outpatient and Professional Services		<u> </u>	100/0	<b>\$0.00</b>			100/0	Ş0.00		
X-rays and Diagnostic Imaging		<u> </u>			<u> </u>					
Skilled Nursing Facility		✓			☑					
Skined Warshing Lacinty										
Outpatient Facility Fee (e.g., Ambulatory Surgery Center)	>	✓			✓	✓				
Outpatient Surgery Physician/Surgical Services	>	✓			✓	V				
Drugs	☐ All	☐ All			☐ All	All			☐ All	All
Generics	>	~			<b>V</b>	V				
Preferred Brand Drugs	>	<b>V</b>			✓	V				
Non-Preferred Brand Drugs	>	<b>V</b>			V	✓				
Specialty Drugs (i.e. high-cost)	>	<b>V</b>			V	V				
Options for Additional Benefit Design Limits:			Plan Description	1:						
Do Not Allow Copays to Exceed Service Unit Cost?		1								
Set a Maximum on Specialty Rx Coinsurance Payments?			Name:	[Input Plan Nan	ne]					
Specialty Rx Coinsurance Maximum:			Plan HIOS ID:	[Input Plan HIO	S ID]					
Set a Maximum Number of Days for Charging an IP Copay?			Issuer HIOS ID:	[Input Issuer HI	OS ID]					
# Days (1-10):										
Begin Primary Care Cost-Sharing After a Set Number of Visits?										
# Visits (1-10):										
Begin Primary Care Deductible/Coinsurance After a Set Number of		1								
Copays?										
# Copays (1-10):										
Output		•								
Calculate										
Chair Transport	0001 - 1 - 0000	(450 3000( 5DL) (								

2017 AV Calculator

Actuarial Value:

Metal Tier:



87.22%

## 9. Silver HDHP – Embedded MOOP CSR – 87%, Continued

Inputs						
Enter valu	es in the blue cells	below, choose a s	setting option froi	m the drop down i	box, and press 'Ca	lculate'.
Press 'Co	alculate' anytime a	n input or dropdo	own selection is ch	anged.		
Note th	nat the model run-	time will vary bas	ed on the comput	ers processing spe	eed.	
A mess	age box will appe	ar to indicate that	the calculations of	are done.		
		Medical	Rx			
	vidual Deductible	1,250	1,250			
F	amily Deductible	2,500	2,500			
Individu	ual Out-of-Pocket	1,250	1,250			
Fam	ily Out-of-Pocket	2,500	2,500			
Coinsura	nce (50% or Less)	0%	0%			
Individual E	Embedded Moop:	7,150				
		Co	osts that Accumul	ate		
			0	OP	Deductible /	
		Deductible	Medical	Rx	OOP Type	
	Settings	Medical & Rx	Medical & Rx	Medical & Rx	Stacked	5
		Calculat	te			
Results						
		Medical	Rx	Total		
	Allowed PMPM	\$329.38	\$51.33	\$380.71		
	Plan PMPM	\$291.30	\$40.84	\$332.14		
	Actuarial Value	88.4%	79.6%	87.2%		



## 9. Silver HDHP – Embedded MOOP CSR – 87%, Continued

Inputs						
Enter valu	ies in the blue cells	below, choose a s	setting option froi	m the drop down l	box, and press 'Calcu	ulate'.
Press 'Co	alculate' anytime a	n input or dropdo	wn selection is ch	anged.		
Note th	hat the model run-	time will vary bas	ed on the comput	ers processing spe	eed.	
A mess	sage box will appe	ar to indicate that	the calculations of	are done.		
		Medical	Rx			
	vidual Deductible	1,250	1,250			
F	amily Deductible	2,500	2,500			
Individ	ual Out-of-Pocket	1,250	1,250			
Fam	ily Out-of-Pocket	2,500	2,500			
Coinsura	ance (50% or Less)	0%	0%			
Individual I	Embedded Moop:	7,150				
		Co	osts that Accumula	ate		
			0	OP	Deductible /	
		Deductible	Medical	Rx	OOP Type	
	Settings	Medical & Rx	Medical & Rx	Rx Only	Aggregate Plus	
		Calculat	te			
Results						
		Medical	Rx	Total		
	Allowed PMPM	\$329.38	\$51.33	\$380.71		
	Plan PMPM	\$289.59	\$40.60	\$330.19		
	Actuarial Value	87.9%	79.1%	86.7%		



### 10. Silver HDHP – Embedded MOOP CSR – 94%

AV from AVC = 93.8%Adjusted AV = 93.8%

AVC Screen Shot:

Oser inputs for Flan Farameters										
Use Integrated Medical and Drug Deductible?	✓		HSA/HRA Option	s	Narr	ow Network O	ptions			
Apply Inpatient Copay per Day?		HSA/HRA Emplo	yer Contribution	? 🗌	Blended Netw	ork/POS Plan?				
Apply Skilled Nursing Facility Copay per Day?		A		ć0.00	1st 7	ier Utilization:	100%			
Use Separate OOP Maximum for Medical and Drug Spending?		Annual Contri	bution Amount:	\$0.00	2nd 1	ier Utilization:	0%			
Indicate if Plan Meets CSR Standard?	<b>v</b>	,								
Desired Metal Tier	Platinum 🔻									
		1 Plan Benefit D	esign		Tier	2 Plan Benefit	Design			
	Medical	Drug	Combined		Medical	Drug	Combined			
Deductible (\$)			\$550.00							
Coinsurance (%, Insurer's Cost Share)			100.00%							
OOP Maximum (\$)			\$550.00	1						
OOP Maximum (5)			\$550.00	_						
OOI Maximum Separate (4)			-							
Click Here for Important Instructions		Tie	er 1			Ti	er 2		Tier 1	Tier 2
	Subject to	Subject to	Coinsurance, if	Copay, if	Subject to	Subject to	Coinsurance,	Copay, if	Copay applies	
Type of Benefit	Deductible?	Coinsurance?	different	separate		Coinsurance?		separate	deducti	•
Medical	All	□ All	unterent	Separate	All	All	ii dillerene	Separate	☐ All	All
Emergency Room Services	V	✓								
All Inpatient Hospital Services (inc. MHSA)	✓	✓			v V	<b>&gt;</b>				
Primary Care Visit to Treat an Injury or Illness (exc. Preventive, and	<u> </u>	<u> </u>								
	✓	✓			✓	✓				
X-rays)	✓	✓			V	✓				
Specialist Visit		<u>V</u>				<u>v</u>			Ц	
Mental/Behavioral Health and Substance Abuse Disorder	✓	V			✓	✓				
Outpatient Services						✓				
Imaging (CT/PET Scans, MRIs)	<b>V</b>	<b>▽</b>								
Rehabilitative Speech Therapy	✓	<b>v</b>			✓	V				
	✓	✓			✓	✓				
Rehabilitative Occupational and Rehabilitative Physical Therapy						<u></u>				
Preventive Care/Screening/Immunization			100%	\$0.00			100%	\$0.00		
Laboratory Outpatient and Professional Services	>	✓			<b>V</b>	<u>~</u>				
X-rays and Diagnostic Imaging	₹	✓			~	<u>'</u>				
Skilled Nursing Facility	V	✓			V	V				
Outpatient Facility Fee (e.g., Ambulatory Surgery Center)	✓	✓			✓	<b>V</b>				
Outpatient Surgery Physician/Surgical Services	>	✓			~	V				
Drugs	☐ All	☐ All			All	☐ All			All	☐ All
Generics	<b>v</b>	✓			✓	V				
Preferred Brand Drugs	V	V			V	✓				
Non-Preferred Brand Drugs	V	V			V	V				
Specialty Drugs (i.e. high-cost)	>	V			>	✓				
Options for Additional Benefit Design Limits:		_	Plan Description	1:						
Do Not Allow Copays to Exceed Service Unit Cost?										
Set a Maximum on Specialty Rx Coinsurance Payments?			Name:	[Input Plan Nar	me]					
Specialty Rx Coinsurance Maximum:			Plan HIOS ID:	[Input Plan HIO	S ID]					
Set a Maximum Number of Days for Charging an IP Copay?			Issuer HIOS ID:	[Input Issuer HI	IOS ID]					
# Days (1-10):										
Begin Primary Care Cost-Sharing After a Set Number of Visits?		1								
#Visits (1-10):										
Begin Primary Care Deductible/Coinsurance After a Set Number of		1								
Copays?	_									
#Copays (1-10):										
Output # copays (1-10).		J								
Calculate										
	CSR Level of 94%	(100-150% FPI)	Calculation Succe	ssful						
Actuarial Value:	93.77%	(100 100/011 L),	ca.caidtion sacce	33.41.						
Actualiai value.	JJ.11/U									

2017 AV Calculator

Metal Tier:



Platinum

## 10. Silver HDHP – Embedded MOOP CSR – 94%, Continued

Inputs						
Enter valu	es in the blue cells	below, choose a s	setting option froi	n the drop down	box, and press 'Ca	lculate'.
Press 'Ca	alculate' anytime a	n input or dropdo	own selection is ch	anged.		
Note th	nat the model run-	time will vary bas	ed on the comput	ers processing sp	eed.	
A mess	age box will appe	ar to indicate that	the calculations of	are done.		
		Medical	Rx			
	vidual Deductible	550	550			
F	amily Deductible	1,100	1,100			
Individu	ual Out-of-Pocket	550	550			
Fam	ily Out-of-Pocket	1,100	1,100			
Coinsura	nce (50% or Less)	0%	0%			
Individual E	Embedded Moop:	7,150				
		Co	osts that Accumul	ate		
			0	OP	Deductible /	
		Deductible	Medical	Rx	OOP Type	
	Settings	Medical & Rx	Medical & Rx	Medical & Rx	Stacked	5
		Calculat	te			
Results						
		Medical	Rx	Total		
	Allowed PMPM	\$348.13	\$54.25	\$402.38		
	Plan PMPM	\$329.10	\$48.50	\$377.59		
	Actuarial Value	94.5%	89.4%	93.8%		



### 10. Silver HDHP – Embedded MOOP CSR – 94%, Continued

HDHP Model – Adjusted Actuarial Value:

Inputs						
Enter valu	ies in the blue cells	below, choose a s	setting option fror	n the drop down b	oox, and press 'Cald	culate'.
	alculate' anytime a			•		
Note ti	hat the model run-	time will vary bas	ed on the comput	ers processing spe	red.	
A mess	sage box will appe	ar to indicate that	the calculations of	are done.		
		Medical	Rx			
Indi	vidual Deductible	550	550			
F	amily Deductible	1,100	1,100			
Individ	ual Out-of-Pocket	550	550			
Fam	ily Out-of-Pocket	1,100	1,100			
Coinsura	ance (50% or Less)	0%	0%			
Individual	Embedded Moop:	7,150				
		Co	osts that Accumula	ate		
			0	OP	Deductible /	
		Deductible	Medical	Rx	OOP Type	
	Settings	Medical & Rx	Medical & Rx	Rx Only	Aggregate Plus	
		_ Calculat	te			
Results						
		Medical	Rx	Total		
	Allowed PMPM	•	\$54.25	\$402.38		
	Plan PMPM	\$329.12	\$48.44	\$377.56		
	Actuarial Value	94.5%	89.3%	93.8%		



### 11. Silver HDHP – Stacked MOOP CSR – 73%

AV from AVC = 74.0%Adjusted AV = 72.7%

AVC Screen Shot:

User Inputs for Plan Parameters										
Use Integrated Medical and Drug Deductible?	✓	ı	HSA/HRA Options	s	Nari	row Network Op	tions			
Apply Inpatient Copay per Day?		HSA/HRA Employ	yer Contribution?	? 🗆	Blended Netv	vork/POS Plan?				
Apply Skilled Nursing Facility Copay per Day?		Ammund Combrib		\$0.00	1st	Tier Utilization:	100%			
Use Separate OOP Maximum for Medical and Drug Spending?		Annual Contrit	oution Amount:	\$0.00	2nd	Tier Utilization:	0%			
Indicate if Plan Meets CSR Standard?	✓									
Desired Metal Tier	Silver <b>▼</b>									
	Tie	r 1 Plan Benefit De	esign		Tier	2 Plan Benefit D	esign			
	Medical	Drug	Combined		Medical	Drug	Combined			
Deductible (\$)			\$1,600.00							
Coinsurance (%, Insurer's Cost Share)			75.00%							
OOP Maximum (\$)			\$4,700.00							
OOP Maximum if Separate (\$)				_						
Click Here for Important Instructions		Tie				Tie			Tier 1	Tier 2
Type of Benefit	Subject to	Subject to	Coinsurance, if	Copay, if	Subject to	Subject to	Coinsurance,	Copay, if	Copay applie	•
M. P. J	Deductible?	Coinsurance?	different	separate	Deductible?	Coinsurance?	if different	separate	deduct	ible?
Medical	□ All  ☑	✓ All							□ All	All
Emergency Room Services					V	V				
All Inpatient Hospital Services (inc. MHSA)	V	V			<u> </u>	<u>v</u>				
Primary Care Visit to Treat an Injury or Illness (exc. Preventive, and	<b>&gt;</b>	V	90%		V	✓				
X-rays) Specialist Visit	V	<b>V</b>			V	✓				
Mental/Behavioral Health and Substance Abuse Disorder		· ·								
Outpatient Services	<b>&gt;</b>	✓	90%		~	✓				
Imaging (CT/PET Scans, MRIs)	>	✓			V	✓				
Rehabilitative Speech Therapy	<u> </u>	<u> </u>			V	∨				
Rehabilitative Occupational and Rehabilitative Physical Therapy	>	✓			V	✓				
Preventive Care/Screening/Immunization			100%	\$0.00			100%	\$0.00		
Laboratory Outpatient and Professional Services	>	V			<b>V</b>	✓				
X-rays and Diagnostic Imaging	>	✓			V					
Skilled Nursing Facility	>	✓			V	V				
Outpatient Facility Fee (e.g., Ambulatory Surgery Center)	V	V			✓	V				
Outpatient Surgery Physician/Surgical Services	>	<b>V</b>			<u>~</u>	V				
Drugs	All	☐ All			☐ All	☐ All			All	☐ All
Generics	>			\$10.00	~	<b>V</b>			<b>V</b>	
Preferred Brand Drugs	>			\$40.00	V	V			✓	
Non-Preferred Brand Drugs	>	✓	50%		~	✓				
Specialty Drugs (i.e. high-cost)	>	V	50%		V	V				
Options for Additional Benefit Design Limits:			Plan Description	1:						
Do Not Allow Copays to Exceed Service Unit Cost?										
Set a Maximum on Specialty Rx Coinsurance Payments?			Name:	[Input Plan Nar	ne]					
Specialty Rx Coinsurance Maximum:			Plan HIOS ID:	[Input Plan HIC						
Set a Maximum Number of Days for Charging an IP Copay?			Issuer HIOS ID:	[Input Issuer H	IOS ID]					
# Days (1-10):										
Begin Primary Care Cost-Sharing After a Set Number of Visits?										
# Visits (1-10):		1								
Begin Primary Care Deductible/Coinsurance After a Set Number of										
Copays?										
# Copays (1-10):		J								
Output										
Calculate										

Error: Result is outside of +/- 1 percent de minimis variation for CSRs.

74.01%

2017 AV Calculator

Actuarial Value:

Metal Tier:

Status/Error Messages:



### 11. Silver HDHP – Stacked MOOP CSR – 73%, Continued

### HDHP Model – Normalization:

Inputs						
•						
	ies in the blue cells			·	oox, and press 'Ca	lculate'.
	alculate' anytime a					
	hat the model run-	•	·		ed.	
A mess	sage box will appe	ar to indicate that	the calculations a	are done.		
		Medical	Rx			
Indi	vidual Deductible	1,600	1,600			
	Family Deductible	3,200	3,200			
	ual Out-of-Pocket	4,700	4,700			
	nily Out-of-Pocket	9,400	9,400			
Coinsura	ance (50% or Less)	23%	29%			
Individual I	Embedded Moop:	4,700				
		Co	sts that Accumula	ate		
			0	OP	Deductible /	
		Deductible	Medical	Rx	OOP Type	
	Settings	Medical & Rx	Medical & Rx	Medical & Rx	Stacked	5
		 Calculat	e			
Results						
		Medical	Rx	Total		
	Allowed PMPM	\$273.15	\$42.57	\$315.71		
	Plan PMPM	\$207.57	\$25.91	\$233.48		
	Actuarial Value	76.0%	60.9%	74.0%		



# 11. Silver HDHP – Stacked MOOP CSR – 73%, Continued

HDHP Model – Adjusted Actuarial Value:

Inputs						
Enter valu	ies in the blue cells	below, choose a	setting option froi	m the drop down l	box, and press 'Cal	culate'.
Press 'Co	alculate' anytime a	ın input or dropdo	own selection is ch	anged.		
Note t	hat the model run-	time will vary bas	ed on the comput	ers processing spe	eed.	
A mess	sage box will appe	ar to indicate that	the calculations of	are done.		
		Medical	Rx			
	vidual Deductible	1,600	1,300			
ŀ	Family Deductible	3,200	2,600			
Individ	ual Out-of-Pocket	4,700	1,300			
Fam	nily Out-of-Pocket	9,400	2,600			
Coinsura	ance (50% or Less)	23%	29%			
Individual	Embedded Moop:	4,700				
		Co	osts that Accumul	ate		
			0	OP	Deductible /	
		Deductible	Medical	Rx	OOP Type	
	Settings	Medical & Rx	Medical & Rx	Rx Only	Aggregate Plus	6
		Calculat	te			
Results						
		Medical	Rx	Total		
	Allowed PMPM	\$273.15	\$42.57	\$315.71		
	Plan PMPM	\$202.04	\$27.51	\$229.55		
	Actuarial Value	74.0%	64.6%	72.7%		



### 12. Silver HDHP – Stacked MOOP CSR – 77%

AV from AVC = 77.6%Adjusted AV = 76.8%

AVC Screen Shot:

User Inputs for Plan Parameters

Use Integrated Medical and Drug Deductible?	V		HSA/HRA Options		Nar	row Network O	ptions			
Apply Inpatient Copay per Day?		HSA/HRA Emplo	yer Contribution?	? 🗆		vork/POS Plan?				
Apply Skilled Nursing Facility Copay per Day?		Annual Contril	bution Amount:	\$0.00		Tier Utilization:	100%			
Use Separate OOP Maximum for Medical and Drug Spending?		Annual Contin	oution Amount.	\$0.00	2nd	Tier Utilization:	0%			
Indicate if Plan Meets CSR Standard?	<b>V</b>									
Desired Metal Tier				-						
		1 Plan Benefit De				2 Plan Benefit I	_			
	Medical	Drug	Combined		Medical	Drug	Combined			
Deductible (\$)			\$1,400.00							
Coinsurance (%, Insurer's Cost Share)			75.00%							
OOP Maximum (\$)			\$3,400.00							
OOP Maximum if Separate (\$)										
Click Here for Important Instructions		Tie					er 2		Tier 1	Tier 2
Type of Benefit	Subject to	Subject to	Coinsurance, if	Copay, if	Subject to	Subject to	Coinsurance,	Copay, if	Copay applies	•
·	Deductible?	Coinsurance?	different	separate		Coinsurance?	if different	separate	deduct	
Medical	All	All			All	All			All	All
Emergency Room Services	✓	✓			<b>S</b> S	<b>∨</b>				
All Inpatient Hospital Services (inc. MHSA)	V	V			V	V				
Primary Care Visit to Treat an Injury or Illness (exc. Preventive, and	V	<b>v</b>	90%		<b>V</b>	✓				
X-rays)										
Specialist Visit	>	₹			V	<b>V</b>				
Mental/Behavioral Health and Substance Abuse Disorder	✓	✓	90%		V	✓				
Outpatient Services										
Imaging (CT/PET Scans, MRIs)	✓	✓			V	V				
Rehabilitative Speech Therapy	✓	✓			V	<b>V</b>				
Rehabilitative Occupational and Rehabilitative Physical Therapy	V	V			✓	✓				
Preventive Care/Screening/Immunization			100%	\$0.00			100%	\$0.00		
Laboratory Outpatient and Professional Services	V	<b>V</b>			_ _ 	V				
X-rays and Diagnostic Imaging	V	<b>V</b>				<u>~</u>				
Skilled Nursing Facility	>	✓			V	V				
Outpatient Facility Fee (e.g., Ambulatory Surgery Center)	V	V			V	✓				
Outpatient Surgery Physician/Surgical Services	V	✓			✓	<u>~</u>				
Drugs	☐ All	All			☐ All	☐ All			All	All
Generics	V			\$10.00	<b>V</b>	V			V	
Preferred Brand Drugs	V			\$40.00	V	V			V	
Non-Preferred Brand Drugs	V	V	50%	i	<b>V</b>	<u>~</u>				
Specialty Drugs (i.e. high-cost)	V	✓	50%		<b>V</b>	V				
Options for Additional Benefit Design Limits:			Plan Description	1:						
Do Not Allow Copays to Exceed Service Unit Cost?										
Set a Maximum on Specialty Rx Coinsurance Payments?			Name:	[Input Plan Nar	ne]					
Specialty Rx Coinsurance Maximum:			Plan HIOS ID:	[Input Plan HIO	S ID]					
Set a Maximum Number of Days for Charging an IP Copay?			Issuer HIOS ID:	[Input Issuer HI	OS ID]					
# Days (1-10):										
Begin Primary Care Cost-Sharing After a Set Number of Visits?										
# Visits (1-10):										
Begin Primary Care Deductible/Coinsurance After a Set Number of										
Copays?										
# Copays (1-10):										
Output										
Calculate										

Error: Result is outside of +/- 1 percent de minimis variation for CSRs.

2017 AV Calculator

Actuarial Value: Metal Tier:

Status/Error Messages:



### 12. Silver HDHP – Stacked MOOP CSR – 77%, Continued

### HDHP Model – Normalization:

Inputs						
•		h - l l				landatal
	ies in the blue cells			•	oox, ana press Cal	culate .
	alculate' anytime a				and and	
	hat the model run- sage box will appe	•	·		eu.	
A IIIESS	dye box wiii uppe		the calculations a	ire done.		
		Medical	Rx			
Indiv	vidual Deductible	1,400	1,400			
F	amily Deductible	2,800	2,800			
Individu	ual Out-of-Pocket	3,400	3,400			
Fam	nily Out-of-Pocket	6,800	6,800			
Coinsura	ance (50% or Less)	23%	28%			
Individual E	Embedded Moop:	3,400				
		Co	sts that Accumula	ate		
			0	ОР	Deductible /	
		Deductible	Medical	Rx	OOP Type	
	Settings	Medical & Rx	Medical & Rx	Medical & Rx	Stacked	5
		Calculat	re			
Results						
		Medical	Rx	Total		
	Allowed PMPM	\$291.89	\$45.49	\$337.38		
	Plan PMPM	\$232.16	\$29.76	\$261.92		
	Actuarial Value	79.5%	65.4%	77.6%		



# 12. Silver HDHP – Stacked MOOP CSR – 77%, Continued

HDHP Model – Adjusted Actuarial Value:

Inputs						
•	les in the hlue cells	helow choose as	setting ontion from	n the dron down l	box, and press 'Cal	culate'
	alculate' anytime a			•	Jox, una press can	calate.
	nat the model run-	•			ed.	
	age box will appe	•	·			
		Medical	Rx			
Indi	vidual Deductible	1,400	1,300			
F	amily Deductible	2,800	2,600			
Individu	ual Out-of-Pocket	3,400	1,300			
Fam	ily Out-of-Pocket	6,800	2,600			
Coinsura	nce (50% or Less)	23%	28%			
Individual E	Embedded Moop:	3,400				
		Co	osts that Accumula	ate		
			0	OP	Deductible /	
		Deductible	Medical	Rx	OOP Type	
	Settings	Medical & Rx	Medical & Rx	Rx Only	Aggregate Plus	6
		Calculat	re de			
Results						
		Medical	Rx	Total		
	Allowed PMPM	\$291.89	\$45.49	\$337.38		
	Plan PMPM	\$228.70	\$30.35	\$259.05		
	Actuarial Value	78.3%	66.7%	76.8%		



### 13. Silver HDHP – Stacked MOOP CSR – 87%

AV from AVC = 86.8%Adjusted AV = 86.7%

### AVC Screen Shot:

the death of the Plantage of t										
User Inputs for Plan Parameters			uca /upa o							
Use Integrated Medical and Drug Deductible?			HSA/HRA Option			row Network O	otions			
Apply Inpatient Copay per Day?		нѕа/нка етріо	yer Contribution	? 🗌		vork/POS Plan?	1000/			
Apply Skilled Nursing Facility Copay per Day?		Annual Contril	bution Amount:	\$0.00		Tier Utilization:	100%			
Use Separate OOP Maximum for Medical and Drug Spending?	_ '				200	Tier Utilization:	0%			
Indicate if Plan Meets CSR Standard? Desired Metal Tier										
Desired Metal Her		1 Plan Benefit De	neien		Tiox	2 Plan Benefit [	acian .			
	Medical		Combined		Medical	1	_			
Deductible (\$)	ivieuicai	Drug	\$1,300.00		ivieuicai	Drug	Combined			
Coinsurance (%, Insurer's Cost Share)			100.00%							
OOP Maximum (\$)			\$1,300.00	+						
OOP Maximum (5)			\$1,500.00	_						
(4)			•							
Click Here for Important Instructions		Tie					er 2		Tier 1	Tier 2
Type of Benefit	Subject to	Subject to	Coinsurance, if	• • •	Subject to	Subject to	Coinsurance,	Copay, if	Copay applie	•
	Deductible?	Coinsurance?	different	separate		Coinsurance?	if different	separate	deduct	
Medical	All	All			☐ All	All			☐ All	All
Emergency Room Services	<u> </u>				V	V				
All Inpatient Hospital Services (inc. MHSA)	V	✓			V	V				
Primary Care Visit to Treat an Injury or Illness (exc. Preventive, and	✓	•			✓	✓				
X-rays)	✓				_ _					
Specialist Visit		<b>V</b>			<u> </u>	V				
Mental/Behavioral Health and Substance Abuse Disorder	✓	•			✓	✓				
Outpatient Services	✓	<b>V</b>			<b>V</b>	<u>~</u>				П
Imaging (CT/PET Scans, MRIs)		<u>v</u>			<del></del>	<del></del>				
Rehabilitative Speech Therapy	✓				V	V				
Rehabilitative Occupational and Rehabilitative Physical Therapy	✓	•			~	✓				
Preventive Care/Screening/Immunization	П	П	100%	\$0.00			100%	\$0.00		
Laboratory Outpatient and Professional Services	<u> </u>	✓	100%	Ş0.00	<u> </u>	✓	100%	Ş0.00		
X-rays and Diagnostic Imaging	<u>v</u>	<u> </u>			<u> </u>	<u>.</u>				
Skilled Nursing Facility	✓	✓			V	V				
Outpatient Facility Fee (e.g., Ambulatory Surgery Center)	V	✓			✓	✓				
Outpatient Surgery Physician/Surgical Services	>	Y			V	<b>₹</b>				
Drugs	☐ All	☐ All			☐ All	All			☐ All	All
Generics	<b>v</b>	V			V	V				
Preferred Brand Drugs	>	✓			V	V				
Non-Preferred Brand Drugs	V	<u> </u>			<u> </u>	<u> </u>				
Specialty Drugs (i.e. high-cost)	V	•			~	V				
Options for Additional Benefit Design Limits:			Plan Description	n:						
Do Not Allow Copays to Exceed Service Unit Cost?										
Set a Maximum on Specialty Rx Coinsurance Payments?			Name:	[Input Plan Nan						
Specialty Rx Coinsurance Maximum:			Plan HIOS ID:	[Input Plan HIO						
Set a Maximum Number of Days for Charging an IP Copay?			Issuer HIOS ID:	[Input Issuer HI	OS ID]					
# Days (1-10):										
Begin Primary Care Cost-Sharing After a Set Number of Visits?										
#Visits (1-10):										
Begin Primary Care Deductible/Coinsurance After a Set Number of										
Copays?										
# Copays (1-10):										
Output										
Calculate Status / Free Messages	CCD Lovel of 0701	/1E0 2000/ EDI \	Calculation Comm	ceful						
Status/Error Messages: Actuarial Value:	CSR Level of 87% 86.80%	(130-200% FPL), (	Carculation Succe	ssiul.						
Actuariai value.	00.0070									

2017 AV Calculator



### 13. Silver HDHP – Stacked MOOP CSR – 87%, Continued

### HDHP Model – Normalization:

Inputs						
Enter valu	es in the blue cells	below, choose a s	setting option froi	m the drop down l	box, and press 'Ca	lculate'.
Press 'Ca	alculate' anytime a	n input or dropdo	wn selection is ch	anged.		
Note th	nat the model run-	time will vary bas	ed on the comput	ers processing spe	eed.	
A mess	age box will appe	ar to indicate that	the calculations of	are done.		
		Medical	Rx			
	vidual Deductible	1,300	1,300			
F	amily Deductible	2,600	2,600			
Individu	ual Out-of-Pocket	1,300	1,300			
Fam	ily Out-of-Pocket	2,600	2,600			
Coinsura	nce (50% or Less)	0%	0%			
Individual E	Embedded Moop:	1,300				
		Co	sts that Accumula	ate		
			0	OP	Deductible /	
		Deductible	Medical	Rx	OOP Type	
	Settings	Medical & Rx	Medical & Rx	Medical & Rx	Stacked	5
		Calculat	te			
Results						
		Medical	Rx	Total		
	Allowed PMPM	\$329.38	\$51.33	\$380.71		
	Plan PMPM	\$290.08	\$40.55	\$330.63		
	Actuarial Value	88.1%	79.0%	86.8%		



# 13. Silver HDHP – Stacked MOOP CSR – 87%, Continued

HDHP Model – Adjusted Actuarial Value:

Inputs						
•	les in the hlue cells	helow choose as	setting ontion from	n the dron down l	oox, and press 'Cal	culate'
	alculate' anytime a			•	Jox, una press car	culate.
	nat the model run-	•			ed.	
	age box will appe	•	·			
		Medical	Rx			
Indi	vidual Deductible	1,300	1,300			
F	amily Deductible	2,600	2,600			
Individu	ual Out-of-Pocket	1,300	1,300			
Fam	ily Out-of-Pocket	2,600	2,600			
Coinsura	nce (50% or Less)	0%	0%			
Individual E	Embedded Moop:	1,300				
		Co	osts that Accumula	ate		
			0	ОР	Deductible /	
		Deductible	Medical	Rx	OOP Type	
	Settings	Medical & Rx	Medical & Rx	Rx Only	Aggregate Plus	6
		Calculat	re			
Results						
		Medical	Rx	Total		
	Allowed PMPM	\$329.38	\$51.33	\$380.71		
	Plan PMPM	\$291.44	\$38.70	\$330.14		
	Actuarial Value	88.5%	75.4%	86.7%		



### 14. Silver HDHP – Stacked MOOP CSR – 94%

AV from AVC = 93.8%Adjusted AV = 93.9%

#### AVC Screen Shot:

User Inputs for Plan Parameters										
Use Integrated Medical and Drug Deductible?	V		HSA/HRA Options	•	Nar	ow Network Op	tions			
Apply Inpatient Copay per Day?			ver Contribution			ork/POS Plan?				
Apply Skilled Nursing Facility Copay per Day?		,		_		Fier Utilization:	100%			
Use Separate OOP Maximum for Medical and Drug Spending?		Annual Contrib	bution Amount:	\$0.00		Fier Utilization:	0%			
Indicate if Plan Meets CSR Standard?	☑ .				2.10	ner otmzatiom	0,0			
Desired Metal Tier	Platinum 🔻									
Desired Wetai Her		1 Plan Benefit De	osian		Tier	2 Plan Benefit D	esign			
	Medical	Drug	Combined		Medical	Drug	Combined			
Deductible (\$)	Wicarcar	Diug	\$550.00		ivicuitui	Diug	combined			
Coinsurance (%, Insurer's Cost Share)			100.00%							
OOP Maximum (\$)			\$550.00			<b>'</b>				
OOP Maximum (5)			\$550.00	_						
oor maximum separate (4)										
Click Here for Important Instructions		Tie	er 1			Tie	r2		Tier 1	Tier 2
- (- ()	Subject to	Subject to	Coinsurance, if	Copay, if	Subject to	Subject to	Coinsurance,	Copay, if	Copay applie	s only after
Type of Benefit	Deductible?	Coinsurance?	different	separate	Deductible?	Coinsurance?	if different	separate	deduct	ible?
Medical	□All	All			☐ All	☐ All			All	All
Emergency Room Services	>	<b>Y</b>			<b>V</b>	V				
All Inpatient Hospital Services (inc. MHSA)	>	<b>V</b>			V	V				
Primary Care Visit to Treat an Injury or Illness (exc. Preventive, and									_	_
X-rays)	<b>&gt;</b>	✓			✓	✓				
Specialist Visit	>	V			V	V				
Mental/Behavioral Health and Substance Abuse Disorder						-				
Outpatient Services	>	✓			✓	✓				
Imaging (CT/PET Scans, MRIs)	>	V			V	<b>V</b>				
Rehabilitative Speech Therapy	>	V			V	V				
	>	✓			V	<u>~</u>				
Rehabilitative Occupational and Rehabilitative Physical Therapy	V	V			V	<u> </u>				
Preventive Care/Screening/Immunization			100%	\$0.00			100%	\$0.00		
Laboratory Outpatient and Professional Services	>	V			V	V				
X-rays and Diagnostic Imaging	>	V			V	<b>V</b>				
Skilled Nursing Facility	>	V			V	V				
	Б									
Outpatient Facility Fee (e.g., Ambulatory Surgery Center)	V	V			✓	✓				
Outpatient Surgery Physician/Surgical Services	>	V			V	V				
Drugs	All	☐ All			☐ All	☐ All			☐ All	All
Generics	>	V			V	V				
Preferred Brand Drugs	>	V			V	V				
Non-Preferred Brand Drugs	>	V			V	V				
Specialty Drugs (i.e. high-cost)	>	V			<b>V</b>	V				
Options for Additional Benefit Design Limits:		1	Plan Description	n:						
Do Not Allow Copays to Exceed Service Unit Cost?										
Set a Maximum on Specialty Rx Coinsurance Payments?			Name:	[Input Plan Nar	me]					
Specialty Rx Coinsurance Maximum:			Plan HIOS ID:	[Input Plan HIC	S ID]					
Set a Maximum Number of Days for Charging an IP Copay?			Issuer HIOS ID:	[Input Issuer H	IOS ID]					
# Days (1-10):										
Begin Primary Care Cost-Sharing After a Set Number of Visits?										
# Visits (1-10):										
Begin Primary Care Deductible/Coinsurance After a Set Number of										
Copays?										
# Copays (1-10):										
Output										
Calculate										
· · · · · · · · · · · · · · · · · · ·	CSR Level of 94%	(100-150% FPL), (	Calculation Succe	ssful.						
Actuarial Value:	93.77%									

2017 AV Calculator

Metal Tier:



Platinum

### 14. Silver HDHP – Stacked MOOP CSR – 94%, Continued

### HDHP Model – Normalization:

Inputs						
Enter valu	ies in the blue cells	below, choose a	setting option froi	m the drop down	box, and press 'Cal	'culate'.
Press 'Co	alculate' anytime a	ın input or dropdo	own selection is ch	anged.		
Note ti	hat the model run-	time will vary bas	ed on the comput	ers processing sp	eed.	
A mess	sage box will appe	ar to indicate that	t the calculations o	are done.		
		Medical	Rx			
	vidual Deductible	550	550			
F	Family Deductible	1,100	1,100			
Individ	ual Out-of-Pocket	550	550			
Fam	nily Out-of-Pocket	1,100	1,100			
Coinsura	ance (50% or Less)	0%	0%			
Individual	Embedded Moop:	550				
		Co	osts that Accumul	ate		
			0	OP	Deductible /	
		Deductible	Medical	Rx	OOP Type	
	Settings	Medical & Rx	Medical & Rx	Medical & Rx	Stacked	5
		Calcula	te			
Results						
		Medical	Rx	Total		
	Allowed PMPM	\$348.13	\$54.25	\$402.38		
	Plan PMPM	\$329.10	\$48.50	\$377.59		
	Actuarial Value	94.5%	89.4%	93.8%		



# 14. Silver HDHP – Stacked MOOP CSR – 94%, Continued

HDHP Model – Adjusted Actuarial Value:

Inputs						
•	les in the hlue cells	helow choose as	setting ontion from	n the dron down l	oox, and press 'Cal	culate'
	alculate' anytime a			•	Jox, una press car	culate.
	hat the model run-	•			ped .	
	age box will appe	•	·			
		Medical	Rx			
Indi	vidual Deductible	550	550			
F	amily Deductible	1,100	1,100			
Individu	ual Out-of-Pocket	550	550			
Fam	ily Out-of-Pocket	1,100	1,100			
Coinsura	nce (50% or Less)	0%	0%			
Individual E	Embedded Moop:	550				
		Co	sts that Accumula	ate		
			0	OP	Deductible /	
		Deductible	Medical	Rx	OOP Type	
	Settings	Medical & Rx	Medical & Rx	Rx Only	Aggregate Plus	6
		Calculat	re			
Results						
		Medical	Rx	Total		
	Allowed PMPM	\$348.13	\$54.25	\$402.38		
	Plan PMPM	\$330.45	\$47.56	\$378.02		
	Actuarial Value	94.9%	87.7%	93.9%		



#### 15. Silver Deductible CSR – 73%

AV from AVC = 73.3% Adjustments

• HDHP Model with drug adjustments / HDHP Model without drug adjustments =  $71.1\%/70.7\% = 1.006 \times .733 = 73.8\%$ 

Adjusted AV = 73.8%

#### AVC Screen Shot:

User Inputs for Plan Parameters										
Use Integrated Medical and Drug Deductible?			HSA/HRA Option:	s	Nari	row Network Op	tions			
Apply Inpatient Copay per Day?		HSA/HRA Emplo	yer Contribution	? 🗌	Blended Netv	vork/POS Plan?				
Apply Skilled Nursing Facility Copay per Day?		Annual Cantail		ć0.00	1st	Tier Utilization:	100%			
Use Separate OOP Maximum for Medical and Drug Spending?		Annual Contril	oution Amount:	\$0.00	2nd	Tier Utilization:	0%			
Indicate if Plan Meets CSR Standard?	•						•			
Desired Metal Tier	Silver ▼									
	Tier	r 1 Plan Benefit De	esign		Tier	2 Plan Benefit D	esign			
	Medical	Drug	Combined		Medical	Drug	Combined			
Deductible (\$)	\$2,150.00	\$150.00								
Coinsurance (%, Insurer's Cost Share)	60.00%	50.00%								
OOP Maximum (\$)		00.00				l .				
OOP Maximum (5)	Ş4,J	1								
OUF Maximum is separate (3)			J							
Click Here for Important Instructions		Tie	r1			Tie	r 2		Tier 1	Tier 2
Time of Demosits	Subject to	Subject to	Coinsurance, if	Copay, if	Subject to	Subject to	Coinsurance,	Copay, if	Copay applies	only after
Type of Benefit	Deductible?	Coinsurance?	different	separate	Deductible?	Coinsurance?	if different	separate	deduct	ible?
Medical	All	☐ All			☐ All	☐ All			All	☐ All
Emergency Room Services	V			\$250.00	V	✓			V	
All Inpatient Hospital Services (inc. MHSA)	<b>v</b>	✓			<b>V</b>	V				
Primary Care Visit to Treat an Injury or Illness (exc. Preventive, and				40= 00						]
X-rays)				\$25.00	✓	✓				
Specialist Visit				\$65.00	V	✓				
Mental/Behavioral Health and Substance Abuse Disorder										
Outpatient Services				\$25.00	V	✓				
Imaging (CT/PET Scans, MRIs)	<u> </u>	✓			V	✓				
Rehabilitative Speech Therapy				\$65.00	✓	✓				
Renabilitative Speech Merapy				J03.00						
Rehabilitative Occupational and Rehabilitative Physical Therapy				\$65.00	✓	✓				
Preventive Care/Screening/Immunization			100%	\$0.00			100%	\$0.00		
Laboratory Outpatient and Professional Services		✓	10070	Ş0.00			100/0	Ş0.00		
X-rays and Diagnostic Imaging		✓			<b>V</b>	✓				П
	☑	✓			V	✓ ✓			<u> </u>	
Skilled Nursing Facility		<u>V</u>			<u> </u>	•				
Outpatient Facility Fee (e.g., Ambulatory Surgery Center)	✓	✓			~	✓				
Outpatient Surgery Physician/Surgical Services	✓	V			<u>~</u>	✓				
Drugs	☐ All	☐ All			☐ All	☐ All			☐ All	☐ All
Generics				\$12.00	V	✓				
Preferred Brand Drugs	•			\$60.00	V	✓			V	
Non-Preferred Brand Drugs	<b>V</b>	✓			V	✓				
Specialty Drugs (i.e. high-cost)	V	✓			V	✓				
Options for Additional Benefit Design Limits:			Plan Description	1:						
Do Not Allow Copays to Exceed Service Unit Cost?		1	·							
Set a Maximum on Specialty Rx Coinsurance Payments?		1	Name:	[Input Plan Nar	mel					
Specialty Rx Coinsurance Maximum:			Plan HIOS ID:	[Input Plan HIO	-					
Set a Maximum Number of Days for Charging an IP Copay?		1		[Input Issuer Hi	-					
# Days (1-10):	_			[put.issuci.i.i	.00.15,					
Begin Primary Care Cost-Sharing After a Set Number of Visits?		1								
#Visits (1-10):	_	1								
# VISIG (1-10): Begin Primary Care Deductible/Coinsurance After a Set Number of		1								
1 -	ш									
Copays?										
# Copays (1-10):		J								
Output										
Calculate	CCD 1	(200 2500 500	Sala laria G							
Status/Error Messages:	CSR Level of 73%	(200-250% FPL), (	aiculation Succe	SSTUI.						

2017 AV Calculator

Actuarial Value:

Metal Tier:



73.34%

Silver

### 15. Silver Deductible CSR – 73%

HDHP Model – Without Prescription Drug Adjustments:

Inputs						
Enter valu	ies in the blue cells	below, choose a	setting option froi	m the drop down b	box, and press 'Cald	culate'.
Press 'Co	alculate' anytime a	ın input or dropdo	own selection is ch	anged.		
Note th	hat the model run-	time will vary bas	ed on the comput	ers processing spe	eed.	
A mess	age box will appe	ar to indicate that	t the calculations o	are done.		
		Medical	Rx			
Indi	vidual Deductible	2,150	150			
F	amily Deductible	4,300	300			
Individ	ual Out-of-Pocket	4,900	4,900			
Fam	ily Out-of-Pocket	9,800	9,800			
Coinsura	ance (50% or Less)	36%	36%			
Individual I	Embedded Moop:	7,150				
		Co	osts that Accumul	ate		
			0	OP	Deductible /	
		Deductible	Medical	Rx	OOP Type	
	Settings	Medical & Rx	Medical & Rx	Medical & Rx	Stacked	
		Calculat	te			
Results						
		Medical	Rx	Total		
	Allowed PMPM	\$277.16	\$43.20	\$320.36		
	Plan PMPM	\$195.60	\$30.80	\$226.40		
	Actuarial Value	70.6%	71.3%	70.7%		



### 15. Silver Deductible CSR – 73%

### HDHP Model – With Prescription Drug Adjustments:

Inputs						
Enter valu	es in the blue cells	below, choose a s	setting option froi	m the drop down l	box, and press 'Ca	lculate'.
Press 'Co	alculate' anytime a	n input or dropdo	own selection is ch	anged.		
Note th	nat the model run-	time will vary bas	ed on the comput	ers processing spe	eed.	
A mess	age box will appe	ar to indicate that	the calculations of	are done.		
		Medical	Rx			
	vidual Deductible	2,150	150			
F	amily Deductible	4,300	300			
Individu	ual Out-of-Pocket	4,900	1,200			
Fam	ily Out-of-Pocket	9,800	2,400			
Coinsura	nce (50% or Less)	36%	36%			
Individual E	Embedded Moop:	7,150				
		Co	osts that Accumula	ate		
			0	OP	Deductible /	
		Deductible	Medical	Rx	OOP Type	
	Settings	Medical & Rx	Medical & Rx	Rx Only	Stacked	2
		Calculat	te			
Results						
		Medical	Rx	Total		
	Allowed PMPM	\$277.16	\$43.20	\$320.36		
	Plan PMPM	\$194.75	\$32.99	\$227.74		
	Actuarial Value	70.3%	76.4%	71.1%		



#### 16. Silver Deductible CSR – 77%

AV from AVC = 77.1% Adjustments

• HDHP Model with drug adjustments / HDHP Model without drug adjustments =  $76.1\%/75.8\% = 1.004 \times .771 = 77.4\%$ 

Adjusted AV = 77.4%

#### AVC Screen Shot:

User Inputs for Plan Parameters										
Use Integrated Medical and Drug Deductible?			HSA/HRA Option	s	Nar	row Network Op	otions			
Apply Inpatient Copay per Day?		HSA/HRA Emplo	yer Contribution	?	Blended Netv	work/POS Plan?				
Apply Skilled Nursing Facility Copay per Day?		A I C I i'l		¢0.00	1st	Tier Utilization:	100%			
Use Separate OOP Maximum for Medical and Drug Spending?		Annual Contril	oution Amount:	\$0.00	2nd	Tier Utilization:	0%			
Indicate if Plan Meets CSR Standard?	✓						•			
Desired Metal Tier	Silver									
	Tie	r 1 Plan Benefit De	esign		Tier	2 Plan Benefit D	esign			
	Medical	Drug	Combined		Medical	Drug	Combined			
Deductible (\$)	\$1,600.00	\$150.00								
Coinsurance (%, Insurer's Cost Share)	60.00%	50.00%								
OOP Maximum (\$)		700.00				1				
OOP Maximum if Separate (\$)	+3).			_						
(+)		•								
Click Here for Important Instructions		Tie	r1			Tie	er 2		Tier 1	Tier 2
	Subject to	Subject to	Coinsurance, if	Copay, if	Subject to	Subject to	Coinsurance,	Copay, if	Copay applie	s only after
Type of Benefit	Deductible?	Coinsurance?	different	separate	Deductible?	-	if different	separate	deduc	-
Medical	All	All			All	All			All	All
Emergency Room Services	<b>V</b>			\$250.00	<u> </u>	<u> </u>			<u> </u>	
All Inpatient Hospital Services (inc. MHSA)	✓	<u> </u>				> >				
Primary Care Visit to Treat an Injury or Illness (exc. Preventive, and										
X-rays)				\$20.00	✓	✓				
Specialist Visit				\$40.00	✓	V				
Mental/Behavioral Health and Substance Abuse Disorder				Ş-10.00						
Outpatient Services				\$20.00	✓	✓				
Imaging (CT/PET Scans, MRIs)	V	V			✓	<u>~</u>				
Rehabilitative Speech Therapy				\$40.00	v	_ _				
Tendometre Special metapy										
Rehabilitative Occupational and Rehabilitative Physical Therapy				\$40.00	✓	✓				
Preventive Care/Screening/Immunization	П		100%	\$0.00			100%	\$0.00		
Laboratory Outpatient and Professional Services	✓	✓	10076	Ş0.00			100%	Ş0.00		
	<u> </u>	<u>v</u>			V	∨ ∨				
X-rays and Diagnostic Imaging	<u> </u>	<u>v</u>			V	<u>v</u>				
Skilled Nursing Facility									Ш	
Outpatient Facility Fee (e.g., Ambulatory Surgery Center)	✓	✓			✓	✓				
Outpution to Course and District Course and	<b>V</b>	<u> </u>			<b>I</b> ✓	<b>V</b>				
Outpatient Surgery Physician/Surgical Services	All	☐ All			All	□ All			☐ All	□ All
Drugs				\$12.00	✓ All	Ŭ All			All	All
Generics	<u> </u>				V	✓ ✓			✓ ✓	
Preferred Brand Drugs	<u> </u>	✓		\$60.00	- V	<u>v</u>				
Non-Preferred Brand Drugs	<u>v</u>	<u>v</u>				<u>v</u>				H
Specialty Drugs (i.e. high-cost)	V	¥	N. B		V	V			Ш	
Options for Additional Benefit Design Limits:		7	Plan Description	1:						
Do Not Allow Copays to Exceed Service Unit Cost?		4		fire a Blockie	1					
Set a Maximum on Specialty Rx Coinsurance Payments?			Name:	[Input Plan Na	-					
Specialty Rx Coinsurance Maximum:		_	Plan HIOS ID:	[Input Plan HIC	-					
Set a Maximum Number of Days for Charging an IP Copay?			Issuer HIOS ID:	[Input Issuer H	IOS IDJ					
# Days (1-10):		_								
Begin Primary Care Cost-Sharing After a Set Number of Visits?	Ц									
#Visits (1-10):		4								
Begin Primary Care Deductible/Coinsurance After a Set Number of										
Copays?										
# Copays (1-10):		_								
Output										
Calculate										
Status/Error Messages:	Error: Result is o	utside of +/- 1 per	cent de minimis	variation for CSR	₹s.					

2017 AV Calculator

Actuarial Value: Metal Tier:



### 16. Silver Deductible CSR – 77%

### HDHP Model – Without Prescription Drug Adjustments:

Inputs						
Enter valu	ies in the blue cells	below, choose a	setting option fro	m the drop down	box, and press 'Calc	ulate'.
Press 'Co	alculate' anytime a	ın input or dropdo	own selection is ch	anged.		
Note tl	hat the model run-	time will vary bas	ed on the compu	ters processing sp	eed.	
A mess	sage box will appe	ar to indicate that	t the calculations of	are done.		
		Medical	Rx			
	vidual Deductible	1,600	150			
F	amily Deductible	3,200	300			
Individ	ual Out-of-Pocket	3,700	3,700			
Fam	ily Out-of-Pocket	7,400	7,400			
Coinsura	ance (50% or Less)	34%	36%			
Individual I	Embedded Moop:	7,150				
		Co	osts that Accumul	ate		
			0	OP	Deductible /	
		Deductible	Medical	Rx	OOP Type	
	Settings	Medical & Rx	Medical & Rx	Medical & Rx	Stacked	5
		Calcula	te			
Results						
		Medical	Rx	Total		
	Allowed PMPM	\$293.23	\$45.70	\$338.93		
	Plan PMPM	\$222.98	\$33.83	\$256.80		
	Actuarial Value	76.0%	74.0%	75.8%		



### 16. Silver Deductible CSR – 77%

### HDHP Model – With Prescription Drug Adjustments:

Inputs						
Enter valu	es in the blue cells	below, choose a s	setting option froi	m the drop down i	box, and press 'Cal	culate'.
Press 'Ca	ılculate' anytime a	n input or dropdo	own selection is ch	anged.		
Note th	nat the model run-	time will vary bas	ed on the comput	ers processing spe	eed.	
A mess	age box will appe	ar to indicate that	the calculations of	are done.		
		Medical	Rx			
	vidual Deductible	1,600	150			
F	amily Deductible	3,200	300			
Individu	ual Out-of-Pocket	3,700	1,000			
Fam	ily Out-of-Pocket	7,400	2,000			
Coinsura	nce (50% or Less)	34%	36%			
Individual E	mbedded Moop:	7,150				
		Co	osts that Accumul	ate		
			0	OP	Deductible /	
		Deductible	Medical	Rx	OOP Type	
	Settings	Medical & Rx	Medical & Rx	Rx Only	Stacked	2
		Calculat	te			
Results						
		Medical	Rx	Total		
	Allowed PMPM		\$45.70	\$338.93		
	Plan PMPM	•	\$35.86	\$257.89		
	Actuarial Value	75.7%	78.5%	76.1%		



#### 17. Silver Deductible CSR – 87%

AV from AVC = 87.5% Adjustments

• HDHP Model with drug adjustments / HDHP Model without drug adjustments = 88.5%/88.5% = 1.000 x .875 = 87.5%

Adjusted AV = 87.5%

#### AVC Screen Shot:

User Inputs for Plan Parameters										
Use Integrated Medical and Drug Deductible?			HSA/HRA Option	•	Nove	row Network O	ntions			
Apply Inpatient Copay per Day?			yer Contribution			vork/POS Plan?				
Apply Skilled Nursing Facility Copay per Day?	ä	пза/пка епіріо	iyer contribution	· U		Tier Utilization:				
Use Separate OOP Maximum for Medical and Drug Spending?		Annual Contri	bution Amount:	\$0.00		Tier Utilization:				
Indicate if Plan Meets CSR Standard?	✓				ZIIU	nei Otilization.	0/6			
Desired Metal Tier										
Desired Metal Her	<u> </u>	r 1 Plan Benefit D	ocian		Tior	2 Plan Benefit I	Docian			
	Medical	Drug	Combined		Medical	Drug	Combined			
Deductible (\$)	\$600.00	\$100.00	Combined		Weulcai	Diug	Combined			
Coinsurance (%, Insurer's Cost Share)	60.00%	50.00%								
OOP Maximum (\$)		30.0070								
OOP Maximum if Separate (\$)	71,3	100.00		-						
OOF Maximum is Separate (3)							J			
Click Here for Important Instructions		Tie	er 1			Tie	er 2		Tier 1	Tier 2
- (- (-	Subject to	Subject to	Coinsurance, if	Copay, if	Subject to	Subject to	Coinsurance,	Copay, if	Copay applie	s only after
Type of Benefit	Deductible?	Coinsurance?	different	separate	Deductible?	Coinsurance?	if different	separate	deduc	tible?
Medical	☐ All	All			☐ All	☐ All			☐ All	☐ All
Emergency Room Services	V			\$250.00	<b>V</b>	<b>V</b>			>	
All Inpatient Hospital Services (inc. MHSA)	V	V			<b>S</b> S	<b>∨</b>				
Primary Care Visit to Treat an Injury or Illness (exc. Preventive, and				ć40.00						
X-rays)				\$10.00	<b>V</b>	V				
Specialist Visit				\$30.00	✓	✓				
Mental/Behavioral Health and Substance Abuse Disorder				Ć40.00						
Outpatient Services				\$10.00	V	V				
Imaging (CT/PET Scans, MRIs)	V	V			V	V				
Rehabilitative Speech Therapy				\$30.00	✓	V				
Rehabilitative Occupational and Rehabilitative Physical Therapy				\$30.00	✓	✓				
Preventive Care/Screening/Immunization			100%	\$0.00			100%	\$0.00		
Laboratory Outpatient and Professional Services	✓	<u> </u>	100%	Ş0.00			100%	Ş0.00		
X-rays and Diagnostic Imaging	<b>V</b>	<u> </u>			<b>▽</b>	V				H
Skilled Nursing Facility	₹	✓			V					Ä
Skilled Nulsing Facility										
Outpatient Facility Fee (e.g., Ambulatory Surgery Center)	V	<b>V</b>		_	V	V				
Outpatient Surgery Physician/Surgical Services	V	V			~	✓				
Drugs	☐ All	All			☐ All	All			☐ All	☐ All
Generics				\$10.00	V	<b>V</b>				
Preferred Brand Drugs	>			\$50.00	V	<u></u>			Y	
Non-Preferred Brand Drugs	<u> </u>	<u> </u>			V	V				
Specialty Drugs (i.e. high-cost)	✓	•			V	<b>v</b>				
Options for Additional Benefit Design Limits:		7	Plan Description	1:						
Do Not Allow Copays to Exceed Service Unit Cost?		_								
Set a Maximum on Specialty Rx Coinsurance Payments?			Name:	[Input Plan Nar	-					
Specialty Rx Coinsurance Maximum:	_	4	Plan HIOS ID:	[Input Plan HIO						
Set a Maximum Number of Days for Charging an IP Copay?			Issuer HIOS ID:	[Input Issuer HI	IOS IDJ					
# Days (1-10):	_	4								
Begin Primary Care Cost-Sharing After a Set Number of Visits?										
#Visits (1-10):	_	4								
Begin Primary Care Deductible/Coinsurance After a Set Number of	Ц									
Copays?										
# Copays (1-10):		1								
Output										
Calculate	CCD Lavel - CCTC	//150 2000/ 50:1	Calandari C							
Status/Error Messages:	C2k resel of 81%	(150-200% FPL),	Carculation Succe	SSIUI.						

2017 AV Calculator

Actuarial Value:

Metal Tier:



87.48%

Gold

### 17. Silver Deductible CSR – 87%

HDHP Model – Without Prescription Drug Adjustments:

Inputs						
Enter valu	es in the blue cells	below, choose a s	setting option fror	n the drop down b	oox, and press 'Ca	lculate'.
	alculate' anytime a			·		
Note tl	hat the model run-	time will vary bas	ed on the comput	ers processing spe	ed.	
A mess	sage box will appe	ar to indicate that	the calculations o	are done.		
		Medical	Rx			
Indi	vidual Deductible	600	100			
F	amily Deductible	1,200	200			
Individ	ual Out-of-Pocket	1,300	1,300			
Fam	ily Out-of-Pocket	2,600	2,600			
Coinsura	ance (50% or Less)	33%	31%			
Individual I	Embedded Moop:	7,150				
		Co	osts that Accumula	ate		
			0	OP	Deductible /	
		Deductible	Medical	Rx	OOP Type	
	Settings	Medical & Rx	Medical & Rx	Medical & Rx	Stacked	5
		Calculat	te e			
Results						
		Medical	Rx	Total		
	Allowed PMPM		\$51.33	\$380.71		
	Plan PMPM		\$44.03	\$337.01		
	Actuarial Value	89.0%	85.8%	88.5%		



### 17. Silver Deductible CSR – 87%

HDHP Model – With Prescription Drug Adjustments:

lmm						
Inputs						
Enter valu	es in the blue cells	below, choose a s	setting option froi	n the drop down b	oox, and press 'Cal	culate'.
Press 'Co	alculate' anytime a	n input or dropdo	wn selection is ch	anged.		
Note th	nat the model run-	time will vary bas	ed on the comput	ers processing spe	ed.	
A mess	age box will appe	ar to indicate that	the calculations of	re done.		
		Medical	Rx			
	vidual Deductible	600	100			
F	amily Deductible	1,200	200			
Individu	ual Out-of-Pocket	1,300	400			
Fam	ily Out-of-Pocket	2,600	800			
Coinsura	nce (50% or Less)	33%	31%			
Individual E	Embedded Moop:	7,150				
		Co	sts that Accumula	ate		
			0	ОР	Deductible /	
		Deductible	Medical	Rx	OOP Type	
	Settings	Medical & Rx	Medical & Rx	Rx Only	Stacked	2
		_ Calculat	te			
<b>-</b> 1.						
Results						
		Medical	Rx	Total		
	Allowed PMPM	\$329.38	\$51.33	\$380.71		
	Plan PMPM	\$291.97	\$45.15	\$337.12		
	Actuarial Value	88.6%	88.0%	88.5%		



#### 18. Silver Deductible CSR – 94%

AV from AVC = 94.7%

Adjustments

• HDHP Model with drug adjustments / HDHP Model without drug adjustments = 96.0%/95.9% = 1.001 x .947 = 94.8%

Adjusted AV = 94.8%

#### AVC Screen Shot:

User Inputs for Plan Parameters										
Use Integrated Medical and Drug Deductible?			HSA/HRA Options		Nari	ow Network O	ptions			
Apply Inpatient Copay per Day?		HSA/HRA Employ	er Contribution?		Blended Netv	ork/POS Plan?				
Apply Skilled Nursing Facility Copay per Day?		Annual Contrib	oution Amount:	\$0.00		Γier Utilization:				
Use Separate OOP Maximum for Medical and Drug Spending?		Aimadi Contino	ation Amount.	\$0.00	2nd <sup>*</sup>	Fier Utilization:	0%			
Indicate if Plan Meets CSR Standard?	✓									
Desired Metal Tier	Platinum 💌			1						
		1 Plan Benefit De				2 Plan Benefit I				
- 1 - 111 - 141	Medical	Drug	Combined		Medical	Drug	Combined			
Deductible (\$)	\$100.00	\$0.00								
Coinsurance (%, Insurer's Cost Share) OOP Maximum (\$)	90.00%	70.00% 0.00								
OOP Maximum (\$) OOP Maximum if Separate (\$)	\$70	0.00		l						
OOF Maximum ii Separate (3)			J				J			
Click Here for Important Instructions		Tie	r 1			Tie	er 2		Tier 1	Tier 2
	Subject to	Subject to	Coinsurance, if	Copay, if	Subject to	Subject to	Coinsurance,	Copay, if	Copay applies	
Type of Benefit	Deductible?	Coinsurance?	different	separate		Coinsurance?		separate	deduct	-
Medical	All	All			All	All			☐ All	☐ All
Emergency Room Services	>			\$75.00	V	<b>V</b>			V	
All Inpatient Hospital Services (inc. MHSA)	>	V			<b>&gt; &gt;</b>	<b>V V</b>				
Primary Care Visit to Treat an Injury or Illness (exc. Preventive, and				4= 00						
X-rays)				\$5.00	<b>V</b>	V				
Specialist Visit				\$15.00	V	✓				
Mental/Behavioral Health and Substance Abuse Disorder				\$5.00	V	V				
Outpatient Services						_				
Imaging (CT/PET Scans, MRIs)	>	V			V	V				
Rehabilitative Speech Therapy				\$15.00	✓	✓				
Rehabilitative Occupational and Rehabilitative Physical Therapy				\$15.00	✓	ゼ				
Preventive Care/Screening/Immunization			100%	\$0.00			100%	\$0.00		
Laboratory Outpatient and Professional Services	>	V			<b>V</b>	v v				
X-rays and Diagnostic Imaging	N	V			V					
Skilled Nursing Facility	>	V			V	✓				
Outpatient Facility Fee (e.g., Ambulatory Surgery Center)	V	V			✓	V				
Outpatient Surgery Physician/Surgical Services	>	~			V	✓				
Drugs	☐ All	All			☐ All	☐ All			☐ All	☐ All
Generics	N			\$5.00	V	✓			V	
Preferred Brand Drugs	>			\$20.00	V	✓			V	
Non-Preferred Brand Drugs	>	V			V	v v				
Specialty Drugs (i.e. high-cost)	>	V			V	✓				
Options for Additional Benefit Design Limits:		1	Plan Description	:						
Do Not Allow Copays to Exceed Service Unit Cost?					_					
Set a Maximum on Specialty Rx Coinsurance Payments?			Name:	[Input Plan Nan						
Specialty Rx Coinsurance Maximum:				[Input Plan HIO	-					
Set a Maximum Number of Days for Charging an IP Copay?	Ц		Issuer HIOS ID:	[Input Issuer HI	OS IDJ					
# Days (1-10):  Begin Primary Care Cost-Sharing After a Set Number of Visits?										
#Visits (1-10):	Ш									
# VISITS (1-10): Begin Primary Care Deductible/Coinsurance After a Set Number of										
Copays?										
#Copays (1-10):										
Output		1								
Calculate										
	CSR Level of 94%	(100-150% FPL), C	Calculation Succes	sful.						
· · · · · · · · · · · · · · · · · · ·	94.74%									

2017 AV Calculator

Actuarial Value: Metal Tier:

Platinum

### 18. Silver Deductible CSR – 94%

HDHP Model – Without Prescription Drug Adjustments:

Inputs						
Enter valu	ies in the blue cells	below, choose a s	setting option fror	n the drop down b	oox, and press 'Ca	lculate'.
Press 'Co	alculate' anytime a	n input or dropdo	wn selection is ch	anged.		
Note th	hat the model run-	time will vary bas	ed on the comput	ers processing spe	ed.	
A mess	age box will appe	ar to indicate that	the calculations a	re done.		
		Medical	Rx			
	vidual Deductible	100	0			
F	amily Deductible	200	0			
Individ	ual Out-of-Pocket	700	700			
Fam	ily Out-of-Pocket	1,400	1,400			
Coinsura	nce (50% or Less)	9%	14%			
Individual I	Embedded Moop:	7,150				
		Co	sts that Accumula	ate		
			0	OP	Deductible /	
		Deductible	Medical	Rx	OOP Type	
	Settings	Medical & Rx	Medical & Rx	Medical & Rx	Stacked	!
		Calculat	se e			
Results						
		Medical	Rx	Total		
	Allowed PMPM	\$348.13	\$54.25	\$402.38		
	Plan PMPM		\$51.18	\$386.04		
	Actuarial Value	96.2%	94.3%	95.9%		



### 18. Silver Deductible CSR – 94%

### HDHP Model – With Prescription Drug Adjustments:

Inputs						
Enter valu	ies in the blue cells	below, choose a s	setting option froi	m the drop down l	box, and press 'Ca	lculate'.
Press 'Co	alculate' anytime a	n input or dropdo	own selection is ch	anged.		
Note tl	hat the model run-	time will vary bas	ed on the comput	ers processing spe	ed.	
A mess	sage box will appe	ar to indicate that	the calculations of	are done.		
		Medical	Rx			
	vidual Deductible	100	0			
F	amily Deductible	200	0			
Individ	ual Out-of-Pocket	700	200			
Fam	ily Out-of-Pocket	1,400	400			
Coinsura	ance (50% or Less)	9%	14%			
Individual I	Embedded Moop:	7,150				
		Co	osts that Accumul	ate		
			0	OP	Deductible /	
		Deductible	Medical	Rx	OOP Type	
	Settings	Medical & Rx	Medical & Rx	Rx Only	Stacked	2
		Calculat	te			
D !:						
Results						
		Medical	Rx	Total		
	Allowed PMPM	\$348.13	\$54.25	\$402.38		
	Plan PMPM	\$334.49	\$51.78	\$386.27		
	Actuarial Value	96.1%	95.4%	96.0%		





#### **Contact Information**

**Company Information** 

Company Legal Name: MVP Health Plan, Inc.

HIOS Issuer ID: 77566 NAIC Number: 95521

**Primary Contact Information** 

Contact Name: Matthew Lombardo, FSA, MAAA
Contact Title: Associate Director, Actuarial Services

Primary Contact Phone #: 1-800-777-4793, ext. 2483

Primary Contact Address: 625 State Street

Schenectady, NY 12301-2207

Primary Contact E-mail: mlombardo@mvphealthcare.com

#### **ACTUARIAL MEMORANDUM**

#### 2017 Vermont Exchange Filing

#### Purpose and Scope of Filing

This memorandum details the methods and assumptions underlying the proposed 2017 premium rates for the State of Vermont's Individual and SHOP Exchange. These products will be issued by MVP Health Plan, Inc. (MVP), a non-profit subsidiary of MVP Health Care, Inc. The rate filing has been prepared to satisfy the requirements of 8 V.S.A §5104 as well as the requirements of the Federal ACA including 45 CFR Part 156, §156.80. The premium rates are effective between 1/1/2017 and 12/31/2017. There are no benefit plans being retired, and there are no new plans being offered. MVP made uniform modifications to a number of the benefits being offered, and the updated forms have been submitted in a separate SERFF filing. The proposed rates reflect an average rate adjustment to prior rates of 8.8%, ranging from 3.5% to 13.5%.

#### **Drivers of Rate Increase**

The proposed premium rates reflect an increase over the prior rates due to medical inflation, experience period data not reflecting a full 12-month contract, and an aging population. Premium rate increases are varying by plan due to uniform benefit modifications of a number of benefits being offered as well as the impact of fixed PMPM non-claim costs on premiums that vary based on benefit level.

#### Market/Benefits

All benefit plans and rates included in this rate filing are available to both individuals and small employer groups. A description of benefits is included in Exhibit 1 of the rate filing. Exhibit 1A of the filing provides an overview of benefit changes for renewing plans from 2016 to 2017. All Essential Health Benefits (EHBs) are covered. Only one EHB substitution was made as required by the Department of VHA, a substitution for the \$2,000 annual Private Duty Nursing benefit limit in the benchmark plan. MVP contracted Milliman to determine an actuarially equivalent visit limit. The supporting memorandum is included with the documents supplementing this filing.

The non-standard plans proposed by MVP and included in this rate filing include a wellness benefit in excess of the EHBs. This wellness benefit is included in all non-standard products and is filed as a mandatory rider, Form: FRVT-301.

To inform consumers of the availability and details of the products included in this filing, MVP will provide community outreach support as well as offer web and print product content and other printed product materials for VT plans. MVP will also have a mass media presence to further educate health care customers in Vermont.

The book of business affected by this rate filing is 2,987 policyholders, 4,354 subscribers and 6,614 members based on March 2016 membership.

#### **Experience Period Premium and Claims (Worksheet 1, Section 1 of Unified Rate Review Template)**

Worksheet 1, Section 1 of the Unified Rate Review Template contains MVP Health Plan, Inc. Small Group and Individual HMO Data for Vermont members over the time period 1/1/2015 - 12/31/2015, completed through 3/31/2016. All of the members included in this section are enrolled in ACA compliant plans.

MVP does not project to rebate consumers for 2015 dates of service, and therefore no adjustments were made to the earned premium amount reflected on Worksheet 1, Section 1 of the Unified Rate Review Template. The earned premium shown reflects the amount of premium MVP collected from groups and individuals over the experience period.

Allowed claim data includes claims from our fee for service (FFS) claim warehouse along with additional medical expenses not captured in the claim warehouse such as: payments associated with medical home, physician incentive payments, FFS write-offs and net reinsurance expenses.

An allowance for incurred but not reported paid claims (IBNR) was added to the experience period fee-for-service (FFS) medical claims. IBNR files were supplied directly from MVP's reserving actuary. MVP uses a combination PMPM and completion factor method to develop IBNR estimates, and Vermont specific data for the experience period was used to develop the factors. The fee-for-service experience period claims were reconciled with the IBNR lag triangles to ensure accuracy.

A summary of experience period claims processed through MVP's claim system, experience period costs not processed through MVP's claims system, as well as an estimate of IBNR are summarized below for the claims shown in Worksheet I, Section I of the URRT.

	Allowed	Incurred
Claims Processed Through Claim System	\$28,763,920	\$22,523,130
Experience Period Costs Not Processed Through Claims System	\$921,644	\$883,478
IBNR	\$572,941	\$455,543
Total	\$30,258,505	\$23,862,151

#### Benefit Categories (Worksheet 1, Section 2 of Unified Rate Review Template)

MVP determines benefit category based on the type of claim form submitted in conjunction with the code and type of code attached to the claim form (i.e. ICD-9, Diagnosis Code, or HCPCS). Member encounter data is used to determine utilization for claims falling under the "Other" category.

#### Projection Factors (Worksheet 1, Section 2 of Unified Rate Review Template)

Other Adjustment for Experience Period vs Projection Period Membership Characteristics

This adjustment represents the change in the HHS age factor for March 2016 membership enrolled in ACA compliant plans compared to the experience period ACA compliant enrollment. MVP is assuming the projection period enrollment will equal March 2016 enrollment. As a result, an adjustment is being made to the claim projection to account for changes in the average HHS age factor between the experience period and the current snapshot.

#### **Medical Trend Factors**

The assumed unit cost trends reflect known and assumed price increases from MVP's provider network. Consistent with recently submitted filings, MVP is applying 0% utilization trend to its data. Regression analysis has been performed on MVP's utilization data in the past, and it was concluded that the predictive ability of the historical utilization trends was weak and not reliable.

#### **Rx Trend Factors**

Annual allowed Rx trend factors split by generic, brand, and specialty drugs are provided by MVP's PBM and were determined using MVP specific data over the experience period by drug class. The forecast provided by MVP's PBM account for drugs coming off patent, changes in average wholesale price, new drugs being released to the market, and price competitiveness amongst generic and brand drug manufacturers.

#### <u>Credibility Manual Rate Development (Worksheet 1, Section 2 of Unified Rate Review Template)</u>

MVP Health Plan, Inc. and MVP Health Insurance Co. historical claim data was the basis of the premium rate development. Non-ACA compliant and ACA compliant individual and small employer group data, association data, and large employer groups with 51-100 employees are included in the experience period data set used to develop premium rates. MVP combined the experience of these separate pools of data to form a more credible experience

base. In aggregate, the claim data is assumed to be fully credible. The experience period data complies with the single risk pool requirement of the Federal ACA.

Because MVP's experience period membership shown in Worksheet 1, Section 1 does not fully reflect this population, the claims not reflected in that section which are being used in MVP's premium rate development are reflected in the credibility manual.

MVP determined the credibility weights between the two sections of URRT data based on the membership enrolled in each of these populations over the experience period.

A portion of the index rate claims are covered under a capitation arrangement. The cost associated with these claims reflects the PMPM payment MVP will owe its capitated vendors in 2017.

# <u>Paid-to-Allowed Ratio and Membership Projection (Worksheet 1, Section 3 & Worksheet 2, Section 4 of Unified Rate Review Template)</u>

MVP projects a 77.5% paid-to-allowed ratio in 2017. MVP's projection period membership equals the March 2016 enrollment of the population eligible to purchase these products, or 9,730 members. On Worksheet 2 of the URRT, members currently enrolled in non-ACA compliant plans are mapped to ACA compliant plans using the actuarial value of the member's current plan using MVP's benefit relativity model and the product type of the member's current benefit (QHDHP vs non-QHDHP). Members were then mapped to the ACA compliant plan of the same product type with the actuarial value closest to their current plan.

After mapping members to products in the projection period, MVP then computed the weighted average projected claim expense PMPM. The resulting PMPM was compared the projection period Allowed Experience Period Claims PMPM to derive the paid to allowed ratio for 2017.

#### Federal Risk Adjustment Program

For 2014 dates of service, MVP paid \$44.58 PMPM into the risk adjustment program. MVP compared its 2014 ACA compliant membership to its 2015 ACA compliant membership and determined that 80.6% of the 2015 members were enrolled in MVP's ACA compliant plans in 2014. Additionally, MVP reviewed VHC enrollment figures from December 2014 and December 2015 and determined that the overall market has not changed substantially; there were 67,677 members enrolled in VHC in December 2014 vs 68,045 members in December 2015. Because MVP's membership in ACA compliant plans has not changed materially and the total market membership has not changed substantially between 2014 and 2015, MVP does not anticipate its relative risk position to change from being a payer to a receiver from 2014 to 2015 dates of service. That being said, it is worth noting that risk scores are heavily influenced by months of enrollment, and 2014 data is heavily skewed by the extended open enrollment period where many members did not enroll until May. Because of the factors described above and the uncertainty caused by the extended open enrollment period in 2014, MVP is assuming a risk adjustment payment equal to 2/3 of the 2014 risk adjustment payment PMPM, or \$29.42.

#### **Index Rate and Premium Rate Development**

The experience period index rate of \$466 is equal to AR44 small group and individual HMO allowed claim data for the time period, 1/1/2015 - 12/31/2015, completed through 3/31/2016. The single risk pool projection period index rate is \$506.60. These amounts reflect the cost of EHBs over the applicable time periods. The projection period index rate reflects the market-wide adjustment discussed above in the section labeled, "Projection Factors".

The market adjusted index rate for the projection period equals \$543.63. This value was computed by adjusting the projection period index rate for the federal risk adjustment program and marketplace user fees. Please see above for

details on the computation of the projected value of the risk adjustment program. The market adjusted index rate reflects the average demographic characteristics of the single risk pool.

#### **Plan Adjusted Index PMPM rates**

Plan adjusted index rates are calculated by multiplying the market adjusted index rate times the AV pricing value. The AV pricing value reflects the impact of benefit value, induced utilization, benefits in addition to EHBs, the catastrophic plan adjustment, and the value of non-claim expenses. Please see below for details regarding actuarial values, induced utilization, and non-claim expenses reflected in 2017 premium rates.

Note the AV pricing value does not reflect the expected actuarial value of benefits being offered. Because the market adjusted index rate does not reflect the impact of administrative costs and the AV pricing value accounts for these costs, many of the AV pricing values seen on Worksheet 2 are greater than 1.00.

#### **Actuarial Values and Induced Utilization Factors**

The AV Metal Level for each plan was determined using the Federal prescribed Actuarial Value Calculator. Adjustments for aggregate deductibles, the VT Rx OOPM, and safe harbor prescription Rx benefits were made to the calculator results for the non-standard gold HDHP and non-standard bronze HMO plans. The actuarial certification of these adjustments has been included.

The Benefit Actuarial Value for each plan was determined using MVP's in house benefit pricing tools. The pricing tools value the expected net paid claim cost associated with unique benefit plan designs from a starting single risk pool allowed amount. The AV is the ratio of the expected paid to allowed amount for each plan design. MVP did not reflect any induced utilization in the projection of the net paid amounts for each unique benefit plan.

The induced utilization factors used to set premium rates and compute the average inforce induced utilization factor are sloped to comply with the HHS prescribed induced utilization factors of 1.00 for Bronze, 1.03 for Silver, 1.08 for Gold, and 1.15 for Platinum.

#### Non Claim Expense Plan Level Adjustments

Non claim expenses include both percent of premium loads and PMPM loads. The loads do not vary by plan. Each Standard and Non Standard plan is being loaded with the same PMPM and Percent of Premium loads. The loads are outlined below.

#### Federal Taxes PMPM based

A total of \$0.33 PMPM is added for fees MVP must pay to the Federal Government per ACA regulations on a PMPM basis and includes the following taxes: \$0.13 HHS risk adjustment user fee and \$0.20 Patient Centered Outcome Research Fee.

#### State Taxes PMPM based – Assessment to Fund Health Care Advocate

Recent legislation has been proposed which will assess carriers and hospitals to fund the Health Care Advocate. The total assessment equals \$510,000 with 24.2%, or \$123,420, of it being funded by health insurance companies licensed under 8 V.S.A. Chapter 101. The assessment will be allocated amongst carriers under this license based on earned premium. MVP reviewed the earned premium reported on the 2015 Supplemental Health Care Exhibits for carriers under this license and estimates that MVP will be responsible for 56.7% of the assessment, or approximately \$70,000. Based on MVP's March 2016 total commercial enrollment in the State of Vermont, \$0.49 PMPM is being added to the proposed premium rates for this assessment.

#### Federal Taxes Premium based

The ACA Insurer Tax is being suspended for 2017 dates of service. Due to the one year suspension of this fee, there is no charge reflected in the proposed 2017 premium rates for this tax.

#### State Taxes Premium based - VT Vaccine Assessment

This load reflects a Vermont state assessment based on plan premiums used to fund immunizations provided by the state. The load of 0.5% is based on MVP's current charge for this program.

#### General Administrative Expense Load (Including QI component)

The total administrative expense load included as a plan level adjustment is unchanged from the 2016 Exchange filing and equals \$36.60 PMPM. This amount includes \$1.50 PMPM to provide an expanded network to members purchasing exchange products in VT through a partnership with PHCS. The remaining \$35.10 PMPM is used to cover SG&A expenses as well as Quality Improvement/Cost Containment Programs (QI). Based on an analysis of MVP's 2015 expenses, 10% of MVP's total administrative expense was spent on QI. Therefore, \$3.51 PMPM of the \$35.10 PMPM administrative expense is attributable to QI.

The following table summarizes the administrative expenses for small group and individual lines of business from the 2013, 2014, and 2015 Statutory Supplemental Health Care Exhibits (SHCE).

Combined VT AR42 and AR44	Year	SHCE Admin PMPM*
Individual	2013	\$39.37
Small Group	2013	\$47.28
Combined	2013	\$46.57
Individual	2014	\$45.43
Small Group	2014	\$43.01
Combined	2014	\$43.87
Individual	2015	\$36.66
Small Group	2015	\$34.04
Combined	2015	\$35.15

<sup>\*</sup>Reflects lines 1.07, 6.6, 8.3, 10.1, and 10.4 of SHCE, Part 1

#### Contribution to Reserves/Risk Charge

MVP is building a 1% contribution to reserves/risk charge into the VT Exchange premium rates for 2017. This charge is added to premium rates to meet statutory reserve requirements for MVP's VT block of business and protect against adverse experience relative to pricing assumptions.

#### Bad Debt Expense

A plan level adjustment equal to 0.40% of premium was added to account for non-payment of premium risk. This charge is unchanged from the 2016 Exchange filing and is consistent with MVP's historical experience for this block.

#### Rider FRVT-301 (Wellness Benefit in Addition to EHBs)

Members purchasing a non-standard plan will receive MVP's Member Wellness Incentive (Form: FRVT-301). This benefit provides adult members with up to \$50 per year in incentives. MVP projects the net cost of this benefit to equal \$0.07 PMPM and is unchanged from the cost of this rider in 2016.

#### **Catastrophic Plan Adjustment**

An additional plan level adjustment was applied to the catastrophic plan to account for the unique age eligibility requirements as permitted by the Federal ACA Rules. MVP did not reflect the fact that individuals facing financial

hardship could also qualify to enroll in this plan. As of March 2016, 43 of the 45 members enrolled in this plan meet the age qualification for enrollment (< 30 years old).

MVP determined the adjustment factor for this plan by calculating the HHS Age factor for the eligible population and comparing it to the HHS Age factor of the experience period membership. The eligible population was assumed to be any member under the age of 30 that was not attached to a subscriber age 30 or older. It was assumed that a member under the age of 30 and attached to a subscriber age 30 or older would enroll as a dependent in a non-catastrophic plan. The eligibility adjustment factor is equal to 0.642.

Catastrophic Plan Level Adjustment	
	HHS Age Factor
Ages 0-29, Meeting Subscriber Qualifications	1.039
Single Risk Pool Total	1.619
Catastrophic Adjustment	0.642

#### **Per Contract Premium Rates**

The Plan Specific Gross Claim Cost PMPMs are converted to per contract premium rates using the computed single conversion factor and the prescribed standard load ratios.

The single conversion factor (SCF) was calculated using subscriber and member data by contract type for the eligible population enrolled with MVP as of March 2016. The SCF = weighted average contract size/ weighted average load ratio.

#### **Loss Ratio Information**

The traditional target loss ratio (claims cost / premium) for the rates proposed in this rate filing is 90.3%. After making adjustments for taxes/assessments and expenses associated with quality improvements, the Federal target loss ratio for the rates proposed in this filing is 91.6%.

Target Loss Ratio for 2017 VT E	xchange
A) Claims Expense	\$433.34
B) Taxes/Assessments	\$3.22
C) Quality Improvement	\$3.51
D) Premium	\$479.87
E) Traditional Loss Ratio	90.3%
= A) / D)	
F) Federal Loss Ratio = [A) + C)] / [D) - B)]	91.6%
B) Taxes/Assessments C) Quality Improvement D) Premium E) Traditional Loss Ratio = A) / D) F) Federal Loss Ratio	\$3.22 \$3.51 \$479.87 90.3%

#### **Terminated Products**

There are no products being terminated.

#### **Warning Alerts**

There are no Warning Alerts being generated.

#### **Actuarial Certification**

I, Matthew Lombardo, am a Member of the American Academy of Actuaries. The projected Index Rate and Adjusted Paid Amount used in the development of these proposed premium rates is in compliance with all applicable State and Federal Statutes and Regulations (45 CFR 156.80(d)(1)) and developed in compliance with the applicable Actuarial Standards of Practice. I have examined the assumptions and methods used in determining MVP's requested rates. Based on my review and examination, it is my opinion that the proposed premium rates are reasonable in relation to the benefits provided and that they are not excessive, nor inadequate, nor unfairly discriminatory. They are developed using only the permitted rating classifications. The Adjusted Paid Amount and only the allowable modifiers as described in 45 CFR 156.80(d)(1) and 45 CFR 156.80(d)(2) were used to generate plan level rates. The Standard AV Calculator was used to determine the Metal AV Value to be show in Worksheet 2 of the Part I Unified Rate Review template for all the plans. The EHB portion of premium reflected in Worksheet 2, Sections 3 and 4 was calculated in accordance with actuarial standards of practice.

The URRT does not demonstrate the process that was used to develop premium rates. Rather it represents information required by Federal regulation to be provided in support of the review of rate increases and for certification that the Index rate is developed in accordance with Federal regulation and used consistently and only adjusted by the allowable modifiers.

I certify that I am knowledgeable as to the Vermont laws and regulations that apply to this filing and that, to the best of my knowledge and belief, this filing is in compliance with such laws and regulations and provides all required benefits.

I am of the opinion that this filing is in compliance with the applicable Federal and State Laws and Regulations concerning the PPACA and the HCERA of 2010.

I certify that each rate filing has been prepared in accordance with the following Actuarial Standards of Practice; ASOP #5, ASOP#8, ASOP #12, ASOP #23, ASOP #25, ASOP#41, ASOP#42, ASOP#45, and ASOP#50.

Matthew Lombardo, FSA, MAAA

Associate Director, Actuarial Services

MVP Health Care, Inc.

<u>05/11/2016</u>

Date



# Consumer Disclosure about Proposed Health Insurance Rate Increase VT 2017 ACA Exchange Rate Filing

MVP Health Plan, Inc. is a health care payer operating in Vermont and New York. MVP's mission is to provide high quality and affordable health care with a focus on wellness to our members.

MVP must obtain approval from the Green Mountain Care Board for the health insurance premium rates charged. MVP files annual premium rates for the Exchange which are guaranteed for 12 months. This rate filing seeks approval of MVP's 2017 Exchange rates (effective dates of coverage beginning between January 1, 2017 and December 31, 2017).

The premium rates filed reflect MVP's current estimate of the cost to provide health insurance for that coverage period. The filed premium rates may be higher or lower than the previously filed premium rates; however, premium rates generally increase over time. Increases in premium rates are driven by many factors including increases in use of medical services by the insured population, increases in hospital and physician required charges for medical care, expanded covered services due to government mandates, fees and assessments charged by the government to insurers, and the exit of healthier individuals from the insurance market place as the cost of insurance increases.

The proposed rates reflect an average rate adjustment to prior rates of 8.8%, ranging from 3.5% to 13.5%. There are 2,987 policyholders, 4,354 subscribers and 6,614 members impacted by this rate filing.

## Certification of Compliance

I hereby certify that I have reviewed the applicable filing requirements for this filing and the filing complies with all applicable statutory and regulatory provisions for the state of Vermont.

Print Name: Karla Austen Title: Chief Financial Officer & Executive Vice President

Signature: M 1 to Date: 05/10/16

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A	B C Unified Rate R	D Ovious v2 2	E	F	G	Н	I J	K	L	М	N O	Р	Q	R	S	Т	U V	Х	Y
2	Offined Rate R	eview vs.s																	
3	Company Legal	Name <sup>.</sup>	<b>MVP Health Pl</b>	lan. Inc.	State:	VT													
4	HIOS Issuer ID:		77566	,		Combined													
5		of Rate Change(s):			Widi Neti														
6			_, _,																
7																			
8	Market Level Calcu	llations (Same for all Pl	lans)																
9																			
11	Section I: Experien	ce period data																	
12	Experience Period:		1/1/2015	to	12/31/2015														
1				Experience Period															
13	Promiums (not of I	MLR Rebate) in Experie	nco Poriod:	Aggregate Amount \$26,730,989	PMPM \$411.75	% of Prem 100.00%													
15	Incurred Claims in		nice renou.	\$23,862,151	367.56	89.27%													
16	Allowed Claims:	·		\$30,258,505	466.08	113.20%													
17	Index Rate of Expe				\$466.00														
18 19	Experience Period	Member Months		64,921															
20	Section II: Allowed	Claims, PMPM basis																	
21				Experienc	e Period			ection Period:	1/1/201		12/31/2017	М	id-point to Mid	d-point, Experie	ence to Projection:	24 r	months		
22				on Actual Exper	ience Allowed			Experience to on Period	Annualiz	ed Trend tors	Projections h	efore credibility A	Adjustment		Credibility Manual				
			Utilization	Utilization per	Average		Pop'l risk	Jii i ciioa	140	1013	Utilization per	Average	-ujustinent	Utilization	Average				
23	Benefit Cate	gory	Description	1,000	Cost/Service	PMPM	Morbidity	Other	Cost	Util	1,000	Cost/Service	PMPM	per 1,000	Cost/Service	PMPM			
24	Inpatient Ho	•	Days	224.03		\$83.33	1.000	1.006	1.046	1.000	224.03	\$4,913.05	\$91.72		\$6,186.40	\$81.19			
25 26	Outpatient H	lospital	Visits	2,809.38	720.63	168.71	1.000	1.006	1.039	1.000	2,809.38	782.61	183.22	2043.04	1,182.96	201.40			
27	Professional Other Medic	al	Visits Other	8,168.27 272.64	182.56 564.96	124.27 12.84	1.000 1.000	1.006 1.006	0.991 1.039	1.000 1.000	8,168.27 272.64	180.37 613.54	122.77 13.94	5587.34 165.43	265.44 1.028.58	123.59 14.18			
28	Capitation		Benefit Period	12,000.00	14.20	14.20	1.000	1.000	0.898	1.000	12,000.00	11.45	11.45	12000.00	11.57	11.57			
29	Prescription	Drug	Prescriptions	11,246.04	66.94	62.74	1.000	1.006	1.087	1.027	11,861.52	79.57	78.66	6125.78	156.48	79.88			
30	Total					\$466.08							\$501.76			\$511.82			
31 32	Section III: Projecto	nd Evnoriones:				Projected Allowed	Evnorionco Clai	mc DMDM /w/	applied cred	ibility if applic	ahla)		51.05%			48.95%	After Credibility \$506.68	Projected Period	60,519
33	Section III. Projecti	eu Experience.				riojecteu Alloweu		ed Average Fa			able)		31.03/0			46.5576	0.775	\$35,1	00,319
34 35								curred Claims,		rein & Risk Ad	lj't, PMPM						\$392.68		49,402
35							-	k Adjustments									<u>-29.55</u>		50,258)
36 37								Incurred Claim A reinsurance			overies, net of rein p	rem, PMPM					\$422.23 0.00	\$49,2	99,660 0
						Projected Incurred		w i cilizni auce	recoveries,	net or rein pre	in, rivirivi						\$422.23	\$49.2	99,660
38 40 41 42 43 44 45 46						Administrative Exp										8.22%	38.51		96,208
41						Profit & Risk Load	CIISC LUdU									1.00%	4.68		96,208 46,984
42						Taxes & Fees										0.65%	3.05		55,540
43						Single Risk Pool Gr		g. Rate, PMPN	1						_		\$468.47	\$54,6	98,391
44						Index Rate for Proj		uar Euparia	Dorind								\$506.60 13.78%		
45							% Increase o	ver Experience Innualized:	renou								13.78%		
47						Projected Membe											3.0770	1	16,760
48																			
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49	information I	Not Releasable to the P disseminated.									nternal governments the full extent of the		st not be						
50									,р.			-							

#### Product-Plan Data Collection

Company Legal Name: HIOS Issuer ID: Effective Date of Rate Change(s): MVP Health Plan, Inc. State: VT Market: Combined 77566 1/1/2017

#### Product/Plan Level Calculations

Section I: General Product and Plan Information Product	1					Vormon	t HMO Contract Inc	liuldual									Vermont HMO C	Contract Group			
Product ID:	-					vermon	77566VT004	iiviuuai									77566\				
Metal:		Platinum	Gold	Gold	C-14	Silver	Silver	Silver	Bronze	Bronze	Bronze	Catastrophic	Platinum	Gold	Gold	Gold	Silver	Silver	Silver	Bronze	Bronze
AV Metal Value			0.820	0.781	Gold	0.715	0.700	0.691	0.613	0.610	0.604	0.575	0.891	0.820		0.782	0.715	0.700	0.691	0.613	0.609
		0.891			0.782										0.781						
AV Pricing Value		1.163	1.040	1.012	0.916	0.900	0.848	0.811	0.703	0.711	0.700	0.474	1.163	1.040	1.012	0.916	0.900	0.848	0.811	0.703	0.710
Plan Category		Renewing	Renewing	Renewing	Renewing	Renewing	Renewing	Renewing	Renewing	Renewing	Renewing	Renewing	Renewing	Renewing	Renewing	Renewing	Renewing	Renewing	Renewing	Renewing	Renewing
Plan Type:		HMO	HMO	HMO	HMO	HMO	HMO	HMO	HMO	HMO	HMO	HMO	HMO	HMO	HMO	HMO	HMO	HMO	HMO	HMO	HMO
Plan Name		FRVT-HMO-P-001-	FRVT-HMO-G-001-	FRVT-HMO-G-002-	FRVT-HMOH-G-	FRVT-HMO-S-001-	FRVT-HMOH-S-	FRVT-HMO-S-001-	FRVT-HMO-B-001-	FRVT-HMOH-B-	FRVT-HMO-B-001-	FRVT-HMO-C-001-	FRVT-HMO-P-001-	FRVT-HMO-G-001-	FRVT-HMO-G-002-	FRVT-HMOH-G-	FRVT-HMO-S-001-	FRVT-HMOH-S-	FRVT-HMO-S-001-	FRVT-HMO-B-001-	FRVT-HMOH-B-
		S (2017)	S (2017)	N (2017)	003-N (2017)	S (2017)	001-S (2017)	N (2017)	S (2017)	001-S (2017)	N (2017)	N (2017)	S (2017)	S (2017)	N (2017)	003-N (2017)	S (2017)	001-S (2017)	N (2017)	S (2017)	001-S (2017)
Plan ID (Standard Component ID):		77566VT0040001	77566VT0040002	77566VT0040004	77566VT0040023	77566VT0040005	77566VT0040006		77566VT0040009		77566VT0040011	77566VT0040013		77566VT0050002	77566VT0050004	77566VT0050023		77566VT0050006		77566VT0050009	
Exchange Plan?		Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes
Historical Rate Increase - Calendar Year - 2							0.00%										0.00	0%			
Historical Rate Increase - Calendar Year - 1							9.00%										17.1	.0%			
Historical Rate Increase - Calendar Year 0							-1.27%										-2.3	9%			
Effective Date of Proposed Rates		1/1/2017	1/1/2017	1/1/2017	1/1/2017	1/1/2017	1/1/2017	1/1/2017	1/1/2017	1/1/2017	1/1/2017	1/1/2017	1/1/2017	1/1/2017	1/1/2017	1/1/2017	1/1/2017	1/1/2017	1/1/2017	1/1/2017	1/1/2017
Rate Change % (over prior filing)		9.59%	9.99%	9.55%	11.72%	13.58%	12.81%	6.01%	11.56%	16.25%	11.37%	11.65%	9.59%	9.99%	9.55%	11.72%	13.58%	12.81%	6.01%	11.56%	16.25%
Cum'tive Rate Change % (over 12 mos prior)		9.59%	9.99%	9.55%	11.72%	13.58%	12.81%	6.01%	11.56%	16.25%	11.37%	11.65%	9.59%	9.99%	9.55%	11.72%	13.58%	12.81%	6.01%	11.56%	16.25%
Proj'd Per Rate Change % (over Exper. Period)		7.31%	8.40%	4.84%	#DIV/0!	10.81%	11.00%	5.26%	9.81%	8.82%	7.77%	35.50%	7.31%	8.40%	4.84%	#DIV/0!	10.81%	11.00%	5.26%	9.81%	8.82%
Product Rate Increase %			-				11.52%			-			-	-			11.6	i3%		-	

#### Section II: Components of Premium Increase (PMPM Dollar Amount above Current Average Rate PMPM)

Plan ID (Standard Component ID):	Total	77566VT004000	1 77566VT0040002	77566VT0040004 7756	56VT0040023	77566VT0040005	77566VT0040006	77566VT0040007 77	7566VT0040009	77566VT0040010	77566VT0040011	77566VT0040013 7	7566VT0050001	77566VT0050002	77566VT0050004	77566VT0050023 7	77566VT0050005 7	7566VT0050006	77566VT0050007	77566VT0050009 77	7566VT0050010
Inpatient	\$8.6		\$9.87	\$9.28	\$9.89			\$5.27	\$7.58	\$9.98	\$7.45	\$5.23	\$10.65		\$9.28	\$9.89	\$10.91	\$9.84	\$5.27	\$7.58	\$9.98
Outpatient	\$19.1	\$23.65	\$21.91	\$20.61	\$21.96	\$24.23	\$21.86	\$11.70	\$16.84	\$22.16	\$16.55	\$11.62	\$23.65	\$21.91	\$20.61	\$21.96	\$24.23	\$21.86	\$11.70	\$16.84	\$22.16
Professional	\$12.2	\$15.16	\$14.05	\$13.21	\$14.08	\$15.54	\$14.01	\$7.50	\$10.80	\$14.21	\$10.61	\$7.45	\$15.16	\$14.05	\$13.21	\$14.08	\$15.54	\$14.01	\$7.50	\$10.80	\$14.21
Prescription Drug	\$1.4	\$1.73	\$1.60	\$1.51	\$1.61	\$1.77	\$1.60	\$0.86	\$1.23	\$1.62	\$1.21	\$0.85	\$1.73	\$1.60	\$1.51	\$1.61	\$1.77	\$1.60	\$0.86	\$1.23	\$1.62
Other	\$1.1	\$1.42	\$1.31	\$1.23	\$1.32	\$1.45	\$1.31	\$0.70	\$1.01	\$1.33	\$0.99	\$0.70	\$1.42	\$1.31	\$1.23	\$1.32	\$1.45	\$1.31	\$0.70	\$1.01	\$1.33
Capitation	\$7.8	\$9.75	\$9.03	\$8.49	\$9.05	\$9.99	\$9.01	\$4.82	\$6.94	\$9.13	\$6.82	\$4.79	\$9.75	\$9.03	\$8.49	\$9.05	\$9.99	\$9.01	\$4.82	\$6.94	\$9.13
Administration	\$0.6	\$0.77	\$0.72	\$0.67	\$0.73	\$0.82	\$0.73	\$0.35	\$0.55	\$0.76	\$0.54	\$0.38	\$0.77	\$0.72	\$0.67	\$0.73	\$0.82	\$0.73	\$0.35	\$0.55	\$0.76
Taxes & Fees	-\$10.1	-\$13.59	-\$12.29	-\$12.05	-\$10.85	-\$10.51	-\$10.07	-\$10.36	-\$8.75	-\$8.46	-\$8.73	-\$6.46	-\$13.59	-\$12.29	-\$12.05	-\$10.85	-\$10.51	-\$10.07	-\$10.36	-\$8.75	-\$8.46
Risk & Profit Charge	\$4.1	\$5.77	\$5.14	\$5.02	\$4.46	\$4.31	\$4.09	\$4.16	\$3.43	\$3.33	\$3.42	\$2.31	\$5.77	\$5.14	\$5.02	\$4.46	\$4.31	\$4.09	\$4.16	\$3.43	\$3.33
Total Rate Increase	\$44.9	\$55.31	\$51.34	\$47.97	\$52.25	\$58.51	\$52.38	\$25.00	\$39.63	\$54.06	\$38.86	\$26.87	\$55.31	\$51.34	\$47.97	\$52.25	\$58.51	\$52.38	\$25.00	\$39.63	\$54.06
Member Cost Share Increase	\$35.5	\$26.46	\$29.21	\$30.27	\$30.41	\$25.70	\$30.65	\$50.74	\$41.43	\$27.47	\$42.05	\$27.06	\$26.46	\$29.21	\$30.27	\$30.41	\$25.70	\$30.65	\$50.74	\$41.43	\$27.47
<u> </u>																					
Average Current Rate PMPM	\$419.7	\$576.79	\$514.16	\$502.05	\$445.88	\$430.90	\$408.78	\$416.06	\$342.75	\$332.50	\$341.80	\$230.64	\$576.79	\$514.16	\$502.05	\$445.88	\$430.90	\$408.78	\$416.06	\$342.75	\$332.50
Projected Member Months	116.76	5.49	9/18	1 224	12 972	4 620	3 612	6.684	14 796	10 368	3 096	588	7 937	1 206	3 696	16.092	3 180	6 180	1 //52	3 977	7 620

#### :tion III: Experience Period Information

Plan ID (Standard Component ID):	Total	77566VT0040001		7566VT0040004					77566VT0040009	77566VT0040010			77566VT0050001	77566VT0050002				77566VT0050006			7566VT0050010
Plan Adjusted Index Rate	\$418.00	\$589.04	\$521.71	\$524.61	\$0.00	\$441.67	\$415.47	\$419.03	\$348.22	\$355.22	\$353.21	\$190.04	\$589.04	\$521.71	\$524.61	\$0.00	\$441.67	\$415.47	\$419.03	\$348.22	\$355.22
Member Months	64,922	2,177	801	429	0	4,309	2,277	5,455	15,735	2,153	2,980	1,211	7,380	1,270	1,522	0	3,018	4,114	2,307	4,247	2,509
Total Premium (TP)	\$27,137,298	\$1,282,340	\$417,890	\$225,058	\$0	\$1,903,156	\$946,025	\$2,285,809	\$5,479,242	\$764,789	\$1,052,566	\$230,138	\$4,347,115	\$662,572	\$798,456	\$0	\$1,332,960	\$1,709,244	\$966,702	\$1,478,890	\$891,247
EHB Percent of TP, [see instructions]	100.00%	100.00%	100.00%	99.98%	100.00%	100.00%	100.00%	99.98%	100.00%	100.00%	99.97%	100.00%	100.00%	100.00%	99.98%	100.00%	100.00%	100.00%	99.98%	100.00%	100.00%
state mandated benefits portion of TP that are																					
other than EHB	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%
Other benefits portion of TP	0.00%	0.00%	0.00%	0.02%	0.00%	0.00%	0.00%	0.02%	0.00%	0.00%	0.03%	0.00%	0.00%	0.00%	0.02%	0.00%	0.00%	0.00%	0.02%	0.00%	0.00%
Total Allowed Claims (TAC)	\$30,257,436	\$2,922,468	\$959,484	\$243,818	\$0	\$1,863,441	\$1,939,372	\$3,195,523	\$5,182,534	\$379,850	\$814,357	\$105,819	\$4,471,601	\$810,412	\$741,663	\$0	\$1,073,815	\$1,480,960	\$1,283,935	\$1,657,641	\$890,924
EHB Percent of TAC, [see instructions]	100.00%	100.00%	100.00%	99.98%	0.00%	100.00%	100.00%	99.98%	100.00%	100.00%	99.97%	100.00%	100.00%	100.00%	99.98%	0.00%	100.00%	100.00%	99.98%	100.00%	100.00%
state mandated benefits portion of TAC that are																					
other than EHB	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%
Other benefits portion of TAC	0.00%	0.00%	0.00%	0.02%	100.00%	0.00%	0.00%	0.02%	0.00%	0.00%	0.03%	0.00%	0.00%	0.00%	0.02%	100.00%	0.00%	0.00%	0.02%	0.00%	0.00%
Allowed Claims which are not the issuer's																					
obligation:	\$6,403,233	\$177,557	\$107,451	\$37,151	\$0	\$551,076	\$284,890	\$615,950	\$1,657,188	\$199,875	\$306,926	\$53,146	\$329,975	\$99,235	\$83,469	\$0	\$300,304	\$441,751	\$254,152	\$521,789	\$275,668
Portion of above payable by HHS's funds on																					
behalf of insured person, in dollars Portion of above payable by HHS on behalf of	\$493,511	\$0	\$0	\$0	\$0	\$176,608	\$93,325	\$223,578	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0
insured person, as %	7.71%	0.00%	0.00%	0.00%	#DIV/01	32.05%	32 76%	36 30%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	#DIV/0!	0.00%	0.00%	0.00%	0.00%	0.00%
Total Incurred claims, payable with issuer funds	\$23.854.203	\$2,744,911	\$852.033	\$206.667	MDIV/U:	\$1,312,365	\$1.654.482	\$2,579,573	\$3,525,346	\$179.975	\$507.431	\$52.673	\$4.141.626	\$711,177	\$658.194	WDIV/U:	\$773.511	\$1.039.209	\$1.029.783	\$1.135.853	\$615,256
Total incurred county, payable with 130cl funds	JE3,034,E03	72,744,312	3032,033	J200,007	70	71,312,303	71,034,402	72,373,373	\$3,3£3,340	7177,575	7307,431	732,073	J4,141,020	3/11,1//	3030,134	50	7113,311	J1,033,E03	72,023,703	J1,133,033	3013,230
Net Amt of Rein	\$1.255.073.81	\$78.641.26	\$28,935,07	\$15,497,06	\$0.00	\$155,656,95	\$82,253,63	\$197.054.69	\$568,406,15	\$77,774.29	\$107.648.58	\$43,745,78	-\$27.084.60	-\$4,660.90	-\$5 585 74	\$0.00	-\$11.076.06	-\$15.098.38	-\$8,466,69	-\$15,586,49	-\$9,208.03
Net Amt of Risk Adi	\$0.00		\$0.00	\$0.00	\$0.00			\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
		, , , , , , , , , , , , , , , , , , , ,		70.00		70.00											-,		70.00		
Incurred Claims PMPM	\$367.43	\$1,260.87	\$1,063.71	\$481.74	#DIV/0!	\$304.56	\$726.61	\$472.88	\$224.04	\$83.59	\$170.28	\$43.50	\$561.20	\$559.98	\$432.45	#DIV/0!	\$256.30	\$252.60	\$446.37	\$267.45	\$245.22
Allowed Claims PMPM	\$466.06	\$1,342.43	\$1,197.86	\$568.34	#DIV/0!	\$432.45	\$851.72	\$585.80	\$329.36	\$176.43	\$273.27	\$87.38	\$605.91	\$638.12	\$487.29	#DIV/0!	\$355.80	\$359.98	\$556.54	\$390.31	\$355.09
EHB portion of Allowed Claims, PMPM	\$466.04	\$1,342.43	\$1,197.86	\$568.23	#DIV/0!	\$432.45	\$851.72	\$585.68	\$329.36	\$176.43	\$273.19	\$87.38	\$605.91	\$638.12	\$487.20	#DIV/0!	\$355.80	\$359.98	\$556.43	\$390.31	\$355.09

#### :tion IV: Projected (12 months following effective date)

an ID (Standard Component ID):	Total	77566VT0040001	77566VT0040002	77566VT0040004	77566VT0040023	77566VT0040005	77566VT0040006	77566VT0040007	77566VT0040009	77566VT0040010	77566VT0040011	77566VT0040013	77566VT0050001	77566VT0050002	77566VT0050004	77566VT0050023	77566VT0050005	77566VT0050006	77566VT0050007	77566VT0050009	77566VT005001
an Adjusted Index Rate	\$468.29	\$632.10	\$565.51	\$550.02	\$498.13	\$489.41	\$461.16	\$441.06	\$382.38	\$386.54	\$380.67	\$257.50	\$632.10	\$565.51	\$550.02	\$498.13	\$489.41	\$461.16	\$441.06	\$382.38	\$386.5
lember Months	116,760	5,496	948		12,972	4,620	3,612	6,684	14,796	10,368	3,096	588		1,296	3,696	16,092	3,180	6,180	1,452	3,972	7,620
otal Premium (TP)	\$54,677,994	\$3,474,022	\$536,103	\$673,224	\$6,461,742	\$2,261,074	\$1,665,710	\$2,948,045	\$5,657,694	\$4,007,647	\$1,178,554	\$151,410	\$5,013,817	\$732,901	\$2,032,874	\$8,015,908	\$1,556,324	\$2,849,969	\$640,419	\$1,518,813	\$2,945,43
HB Percent of TP, [see instructions]	99.99%	100.00%	100.00%	99.99%	99.99%	100.00%	100.00%	99.98%	100.00%	100.00%	99.98%	100.00%	6 100.00%	100.00%	99.99%	99.99%	100.00%	100.00%	99.98%	100.00%	100.009
tate mandated benefits portion of TP that are																					
ther than EHB	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.009
ther benefits portion of TP	0.01%	0.00%	0.00%	0.01%	0.01%	0.00%	0.00%	0.02%	0.00%	0.00%	0.02%	0.00%		0.00%	0.01%	0.01%	0.00%	0.00%	0.02%	0.00%	0.009
otal Allowed Claims (TAC)	\$59,153,874	\$3,047,349	\$505,215	\$644,964	\$6,651,470	\$2,353,165	\$1,811,805	\$3,327,453	\$7,218,218	\$5,058,022	\$1,510,381	\$184,061	\$4,398,030	\$690,674	\$1,947,538	\$8,251,269	\$1,619,711	\$3,099,932	\$722,840	\$1,937,737	\$3,717,41
HB Percent of TAC, [see instructions]	100.00%	100.00%	100.00%	99.99%	99.99%	100.00%	100.00%	99.98%	100.00%	100.00%	99.98%	100.00%	6 100.00%	100.00%	99.99%	99.99%	100.00%	100.00%	99.98%	100.00%	100.009
tate mandated benefits portion of TAC that are																					
ther than EHB	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.009
ther benefits portion of TAC	0.00%	0.00%	0.00%	0.01%	0.01%	0.00%	0.00%	0.02%	0.00%	0.00%	0.02%	0.00%	0.00%	0.00%	0.01%	0.01%	0.00%	0.00%	0.02%	0.00%	0.009
llowed Claims which are not the issuer's obligation	\$9.887.094	-\$155.008	\$14.769	\$30.421	\$798.798	\$307.919	\$312.893	\$686.025	\$2.221.702	\$1.514.484	\$470.299	\$57.533	-\$223,713	\$20.191	\$91.859	\$990.924	\$211.944	\$535,348	\$149.029	\$596.418	\$1.113.07

Portion of above payable by HHS's funds on																					
behalf of insured person, in dollars	\$561,096	\$0	\$0	\$0	\$0	\$200,794	\$106,105	\$254,196	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0
Portion of above payable by HHS on behalf of																					
insured person, as %	5.68%	0.00%	0.00%	0.00%	0.00%	65.21%	33.91%	37.05%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%
Total Incurred claims, payable with issuer funds	\$49,266,781	\$3,202,357	\$490,446	\$614,543	\$5,852,672	\$2,045,246	\$1,498,913	\$2,641,428	\$4,996,516	\$3,543,537	\$1,040,083	\$126,529	\$4,621,743	\$670,483	\$1,855,680	\$7,260,345	\$1,407,767	\$2,564,585	\$573,811	\$1,341,319	\$2,604,336
Net Amt of Rein	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0
Net Amt of Risk Adj	-\$3,450,360	-\$162,412	-\$28,014	-\$36,170	-\$383,334	-\$136,525	-\$106,738	-\$197,518	-\$437,235	-\$306,383	-\$91,490	-\$17,376	-\$234,398	-\$38,298	-\$109,220	-\$475,533	-\$93,972	-\$182,624	-\$42,908	-\$117,376	-\$225,178